_	

NO

(State)

ONSET AND DEATH

(Year)

194

Hours

COUNTRY?

you ZO. AUTOPSY1

(County) (State)

ADDRESS

, that I last saw the deceased

Reg. Dist. No.

1 YEAR

Daya

Months

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR?

Not while While at work L at work

22. I hereby certify that I attended the deceased from Whanli, 19.55 to Present, 19. , and that death occurred at 3 com M, from the causes and on the date stated above. alive on ADDRESS DATE SIGNED

SIGNATURE alier 15 5

M. D. 116 23 BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY ECCATION (City, town, or county) REMOVAL (SPECIFY)

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FUNERAL DIRECTOR REGISTRAR

τά

100

0 96 

Д correct

X.E

G

S

V. 国 OF INJURY

The second of th Service of the servic

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
----------	-------	------------	----	-------------------	----

CERTIFICATE OF DEAT	1398	CER	TIFIC	ATE	OF	DEA	TI
---------------------	------	-----	-------	-----	----	-----	----

09380 Reg. Dist. No.

0600	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Baltimore MARYLAND	STATE Md. COUNTY BALTO
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
JOR and give nearest town) (in this place)	OR TOWN 53
101000000000000000000000000000000000000	DISAFYOWS TOINT X
HOSPITAL OR INSTITUTION OR C	STREET (If rural give location)
14 STREET ADDRESS Spring trove State HOSP.	1 217 E. Street
	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Sherman	Adams DEATH: 10 - 24 1955
5. SEX:  6. COLOR OR  7. SINGLE, MARRIED,   8. DATE	
RACE: WIDOWED, DIVORCED,	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	
work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
even if retired COAL & SCRAP	KLP. USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Part H	Pall
Nanual lagins	10119
(Yes, no, or unk.) Ilf Yes, give war or dates	17. INFORMAN & ADDRESS:
of service) 902-01-/653	Hospital records
18. MEDICAL CERTIFICAT	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
420.0 (dade	Dounts Heart Recens 10
MMEDIATE CAUSE (A)	comple man piscase 10 mos.
ANTECEDENT CAUSE (6)	· 1 1 · 1 · 1 -+
DISEASES OR CONDITIONS, IF ANY, (B) GENERALL	sed Certeriosclerosos 15 um
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N 20, AUTOPSY?
	YES NO W
21a. ACCIDENT WAS UNDERLYING 21b PLACE (Home, farm, fact or CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (if either, notify medical examiner)	
OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While at work at work	21F, HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from March.	11., 1954, to Cet. 24, 1955, that I last saw the deceased
alive on Oct. 24 . 1955, and that death occurred at	8: 30 P M, from the causes and on the date stated above.
SIGNATURE	ADDRESS DATE SIGNED
Louis Frances Hookward M	. O. Spring Yhove State Horp, Catonines 28, M. 10-24-45
	ERY OR CREMATORY   LOCATION (City, town, or county) (State)
MEMOVAL (SPECIFY) // 3 C 2 C D. C. C.	
U Y I W	REMORIAL BELAIK, Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24, FUNERAL DIRECTOR ADDRESS
Beligeras 8, 1955 Meder 6. Darris	ENath Bude Brasley, Gudall, 140.

THE RESIDENCE OF CHARLES AND THE PARTY OF TH BUREAU V. S. 

Me	rre	
X.	ပ္	1.
pa 95-	The Y	
	ly.	
100	ful	X
~	are	a
In.	ly o	20
艺	atic	3.
4	rim col	-
4	ath	9.
V	of i	10
S Z	no s	
iq	ite	13
SIN	Ca .	
pt	the	1 (
FO	te pl	
Q	Sul	3. 5. 10 13 1. 1. 1.
EV.	M e	1.
MARGIN RESERVED FOR BINDING	lea	
RES	N. G.	
Z	Dil	
ZGI	FA	
IA.	N. S. C.	II
24	H	L
	VIT	15
	) du	21
F ).	E:a	
	Ally	21
	PL	-
nh.	田島	1
STI	ZIT si	3
10	Se W	21 21 22 33
10	E S	23
Y.	EA	-
A15A - 5 - 53 t	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correage is especially important. Physicians: please write the causes of death clearly and legibly.	

MEDICAL EXAMI	NER'S CER	THICATE	OF DEATH	No. 48
1. PLACE OF DEATH:		2. USUAL RESIDENC	E (HOME) OF DECEASED:	
COUNTY Baltimere	MARYLAND	STATE Md.	COUNTY Balt	Imore
CITY (If outside corporate limits, write RU	RAL LENGTH OF STAY	CITY (If outside o	corporate limits write RURAL a	nd give nearest town)
OR and give nearest town)	(all this place)	OR TOWN Dune	dalk, Turner's Stat	tion x
HOSPITAL OR		STREET ADDRESS	(If rural, give location	
STREET ADDRESS Pulaski Hgwy.	near Middle Rive	129	Main Street	
3. NAME OF (First) DECEASED:	(Middle) Road	(Last)	4. DATE (Month) (De	ay) (Year)
(Type or Print) JOHN	I.	ADAMS		15 19 55
6. SEX: 6. COLOR OR 7. SING RACE: WIDO	WED DIVORCED		AGE last birthday: IF UNDER	
Male Colored (Speci	(y): Married   Oc.	t. 27, 1915	27 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life,	10b. KIND OF BUSINESS O INDUSTRY:	R 11. BIRTHPLACE	(State or foreign country): 1	2. CITIZEN OF WILAT COUNTRY?
even if retired): Manager	Night Club		re, Maryland	U.S.A.
13. FATHER'S NAME:		14. MOTHER'S MAID		
Iwin Adams		Emma A		
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of	16. SOCIAL SECURITY No.:	17. INFORMANT & AI		
Yes service) World War :	I	Rosa Adams, 1	23 Main Street	
DUE TO		iation	*	ONSET AND DEATH
giving rise to the above cause DUE TO stating underlying cause last (c)		ulation		
II. OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING DE	O TO THE		1110 00000 1400000000000000000000000000	sur.
19a. DATE OF OPERATION: 19b. MAJOR	FINDING OF OPERATION:			20. AUTOPSY? Yes No
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory OF street, office bldg., etc INJURY field 21e. INJURY OCCURRED While at Not while work at work	Pulaski H	lgwy near Middle R	(State)
22. I hereby certify that I took charge find that death resulted from: N SIGNATURE	ge of the remains descri	bed above, held an dent □, Suicide □ CHIEF DEPUT	Autopsy D, Inspection	
23. BURIAL, CREMATION, REMOVAL (Specify):		RY OR CREMATORY	Baltimore. Mary	
DATE REC'D BY LOCAL   REGISTRAR'S	SIGNATURE	24. FUNERAL DIRI		ADDRESS

ah VS. A15A - 5 - 53

BUREAU V. S.

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

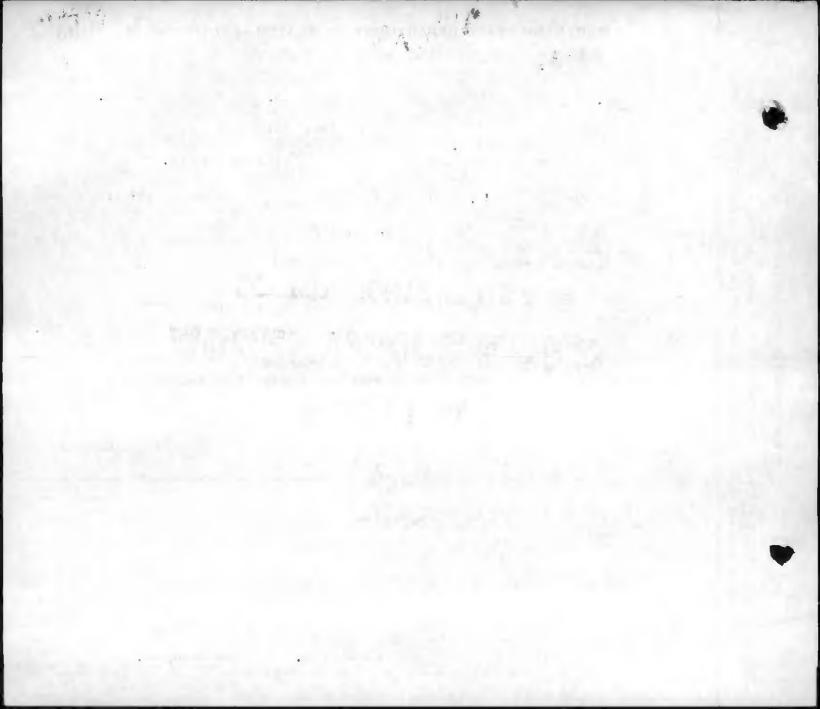
The

VS. A15

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

0400 CERTIFICATE OF DEATH

32 0 0221222	of Dist. 110.
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Balto. MARYLAND	STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL OR and give nearest town)  STOWN Catonsville	CITYIII outside corporate limits, write RURAL and give nearest town or Town Baltimore
HOSPITAL OR 16 Fusting Ave.  90 STREET ADDRESS House in the Pines	ADDRESS 2726 Oakley Ave.
	(Last)  A. DATE (Month) (Day) (Year)  BAUGH  OF Oct. 7, 19 55
RACE: WIDOWED, DIVORCED,	6, 1876  9. AGE last birthday   If UNDER 1 YEAR   If UNDER 24 Has.   Months   Days   Hours   Min.
work done during most of working life.  even if retired): Housewife -rtd at home	II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?  Maryland
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
- Richardson	Laura
18. WAS DECEASED EVER IN U.S. ARMED FORCEST   18. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates of service)	Mr. Bryson R. Albaugh - 2726 Oakley Ave.
STATING UNDERLYING CAUSE LAST. (C)	Just Delermandian - 1 ws.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.  194. DATE OF OPERATION:   198. MAJOR FINDINGS OF OPERATION	
2	AEE NO S
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?
OF INJURY	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 2 alive on 1905, and that death occurred at SIGNATURE  23. BURIAL CREMATION. DATE THEREOF NAME OF CEMETE BURIAL  10/10/55 LOTTAINE  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ADDRESS DATE SIGNED  LOCATION (City, town, or county)  (State)
REGISTRAR SIGNATURE	Mm. J. Tickner & Sons . Balto 17



\*

9411

### CERTIFICATE OF DEATH

Reg. Dist. No....

Items 13,14 FilmG188 10-25-55 et					
1. PLACE OF DEATH- COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Baltimore			
CITY (If outside corporate limits, write RURAL and OR give nearest town)  Overlea  LENGTH OF STAY (in this place)	TOWN Overlea	o nearest town)			
HOSPITAL OR INSTITUTION OR 4209 Thorncliff Road	STREET (If rural, give location) ADDRESS 4209 Thorncliff Road #	16			
3. NAME OF (First) (Middle) DECEASED (Type of Print) Mr. Daniel H. Alley	Sr. 4. DATE (Month) OF DEATH Oct. ]	40//			
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	JUNG 10, 10/01 // ym.	Days   Hours   Min.			
done during most of working life, even if rethed INDUSTRY  Sheet Metal Worker	Richmond, Virginia	COUNTRY? USA			
13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Unknown				
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If year, give war or dates of 216-18-0918	Mr. Daniel H. Alley, Jr. 4209 Th	orncliff Rd			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  422.2  Immediate cause  Antecedent cause(s)	Immediate cause (a) hours for the Books				
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c)	ocaruc w	פק			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
198. DATE OF OPERATION 195. MAJOR FINDINGS OF OPERATION		Yes No D			
21. ACCIDENT (Specify) PLACE (flome, farm, factory, street, OF office bldg, etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)			
TIME (Month) (Day) (Year) (Hour) #NJURY OCCURRED  While at Not While  INJURY m. Work At work	HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from OLV alive on 6 C 10 , 19 J, and that death occurred at SIGNATURE (Degree or title)	0 0 Am., from the causes and on the date strand				
and the state of t	ery or crematory LOCATION (City, Lown, or count lemorial Park Baltimore, Mary				
DATE REC'D BY LOCAL REGISTRATES SIGNATURE REG.	Leonard J. Ruck, 5305 Harford R	ADDRESS			

Dr. Rigler

1 W. Overlea Ave.

9 - 11 A.M.

\*\*

STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 EXAMINER'S 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY MARYLAND STATE COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) carefully. LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town) (in this place) OR TOWN TOWN HOSPITAL OR STREET Off rural. UNSTITUTION OR ADDRESS formation the STREET ADDRESS NAME OF 4. DATE (Month (Year) DECEASED: OF (Type or Print) DEATH 7. SINGLE, MARRIED, WIDOWED, DIVORCED 5. SEX: \_ 6. COLOR OR 8. DATE 9. AGE last birthday: | IF UNDER I YEAR ! IF UNDER 24 HRS. Months (Specify) Marie 10b. KIND OF BUSINESS (Give kind of 10a. USUAL OCCUPATION OR 11. BIRTHP (State or foreign country): 12. CITIZEN OF WILAT work done during most of work life, INDUSTRAD: COUNTRY? even if retired) :/ 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: BIN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of service) 18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH Immediate cause DUE TO Antecedent cause(s) (b) ..... Diseases or conditions, if any, MARGIN giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes 🗌 No 🗔 21s. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, 21c. (City or town) (County) (State) PRIMARY | or CONTRIBUTING | street, office bldg., etc., INJURY 21d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While at Not while INJURY work [] at work 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and find that death resulted from: Natural causes Accident \( \bar{\cappa} \), Suicide \( \bar{\cappa} \), Homicide \( \bar{\cappa} \), Undetermined cause \( \bar{\cappa} \) RITI is CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER SIGNATURE ₩ 8 ASSISTANT MEDICAL EXAM. 23. BURIAL, CREMATION, DATE THEFEOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 国 REMOVAL (Specify) : W June REGISTBAR'S SIGNATURE DATE REC'D BY LOCAL ADDRESS



## 9374

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

eg. Dist. No.

9			· · · · · · · · · · · · · · · · · · ·
The	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED- COUNTY	1
	MARYLAND	24 L	DAYO
	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	nearest towo)
of information carefully death clearly and legibly.	JO TOWN UJNIALK 7485.	TOWN WOUNDACK, 271	
12 m	HOSPITAL OR	STREET (If rural, give location)	211
D C	TO STREET ADDRESS 47 NORTSHP	ADDRESS AT TORTH HER	51
ioi a	3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
ris	DECEASED	# = 2 <sup>m</sup> + / m = 1   OF	· con
lea	(Type or Print)  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE last birthday   If under	year Illunder 24 bra
o c	WIDOWED, DIVORCED,	Months	Days   Hours   Min.
att	(opecity) - plant and	JULY 10, 1873 85 ym.	
de	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) inpustry	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
E G	BARBER BAKBERING.	PENNA	OUNTRY?
13 E	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
every item e causes of	ABRAHAM IN. BACHMAN	MARIA GOOD	
2 2	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT	
be a	(Yes, no, or unknown) (If yes, give war or dates of	1056 1 N. B. M. H. W. C. J. 13	113 ° -1
9 th	III. MEDICAL CE		T. P. C.
Supply every item write the causes of		RELITION TO THE PARTY OF THE PA	INTERVAL BETWEEN
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATS
INK. please	42011 1 Monay (	Cr Malin'	
INK	Immediate cause (a)	1   100	
_	Antecedent cause(s)		,
S S	Diseases or conditions, if any, (b)	LAM	A JANA
Zig	giving rise to the shove cause stating the underlying cause last		
O.X	for all the allest ying consents.		
WITH UNFADING	II. OTHER SIGNIFICANT CONDITIONS		
<i>F</i> -1	Conditions contributing to the death but not		
무별	related to the disease or condition causing death.		AA ATTMONGTO
E E	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
I i			Yes No 2
W d	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
7.5	CAUSE OF DEATH. (YNJURY		
선물	TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
天 · 章	OF   While at Not while   INJURY   m.   work   at work		
WRITE PLATKLY, WITH U			
Z %	22. I certify that I look charge of the remains described above, held an A	Autopsy 🔲, Inspection 📑 Inquiry 📋 thereon and )	rom the evidence
ங <sup>.</sup> "	obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes ⊟, accident □, suicide □, homicide □,	rased died on the dry stated above, and death in my	opinion resulted
Ţ	SIGNATURE   (Degree or title)	ADDRESS	DATE SIGNED
₩ .	Sidnatone )	( ) / ·	JATE DIGHTED
3	and somethough title with	Thu 14-22 ma.	19.11 "-
(-)	23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or count	(State)
PLEASE	REMOVAL Specify) 10-5-54 INE AUDIN R.		21.
(E)	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
PL	0. 19-1955 Welliam m. K. O.	- FUNDRAL DIRECTOR	VADVE99
	140 17-1735 William 17. Velly	mand pares and proper many of the second	- 17 - 1 ·

MARGIN RESERVED FOR BINDING

The correct age

VS. A15A

THE WAY

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9419 CERTIFICATE OF DEATH

Supply every item of information carmfully. The

correct age is especially important. Physicians: please write the musms of memth clearly and lemibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

MARGIN RESERVED FOR BINDING

-10 - 53

A15 VS.

1 V Z //4	7108. 2131. 1771
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
Baltimore HARVIAND	STATE N.d. COUNTY Baltimore
COUNTY DEL CITTOTO MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	STATE COUNTY  CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place)	OR
X TOWN Parkville	TOWN Parkville
HOSPITAL OR	ADDRESS 2002 Times or Are
Opstreet Address 2802 Linemore Ave.	2802 Linganore Ave.
3. NAME OF (First) (Middle) (	Last) 4. DATE (Month) (Day) (Year)
DECEASED:	aker OF Oct. 31 1955
(Type of Time)	OF BIRTH: 9. AGE last birthday in under 1 YEAR IF UNDER 20 MRS.
RACE: WIDOWED DIVORCED	Months Dave House Mis
Female White (Specify): Single Nov. 1	0, 1879   70 yrs.
IOA USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
even if retired): At home	Baltimore Co., M.d.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Ben jamin F. Baker	Almira Krout
IS. WAS DECEASED EVER IN U.S. ARMED FORCEST   IS. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates None	Gladys A. Rosier - 2802 Linganore Ave.
16. MEDICAL CERTIFICATI I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	THE BEST PER
	ONSET AND DEATH
IMMEDIATE CAUSE (A) Care	fusture of the never for 4 7
ANTECEDENT CAUSE (S) DUE TO	Jen. inchostras
ANTECEDENT CAUSE (5)	gen. Metoships
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO	
STATING UNDERLYING CAUSE LAST.	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSYT
	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	
ZID. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED OF INJURY   While   Not while	21F. HOW DID INJURY OCCUR?
OF INJURY  M.   While   Not while   at work   at work	
22. I hereby certify that I attended the deceased from O &	10, 19.5, to Do , 19 1 that I last saw the deceased
alive on Oct-24, 1955, and that death occurred at	2301 M, from the causes and on the date stated above.
SIGNATURE & O. O. O. O.	ADDRESS DATE SIGNED
M.	0. 7122 Jupal Rd 11/2/18
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY)	RY OR CREMATORY   LOCATION (City, town, or county) (State)
Burisl 11/3/55 Druid Ridge	Cemetery Baltimore, Id.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. EUNERAL DIRECTOR IN MARCO ADDRESS
REGISTBAR / Ellsworth	Arnacost - 4600 Liberty Heights Ave. 7
1/1 / / / / / / / / / / / / / / / / / /	



PLEASE TYPE

-10 - 53

A15

VS.

The

#### 09387 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9493 CEPTIFICATE OF DEATH

OERITICAL	E OF DEATH Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Baltimore MARYLAND	STATE MAYY LAND COUNTY Baltimore
CITY (If outside corporate limits, write RURAL LENGTH OF STA (in this piace)	
HOSPITAL OR SINSTITUTION OR 506 FAIRMOUNT AVE.	STREET (If rural give location) ADDRESS 506 Fair Mount Ave.
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Mae Elizabeth Bal	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: OCT. 10, 1955
5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DAT WIDOWED. DIVORCED, (Specify) Widow May	9. AGE last birthday IF UNDER 1 YEAR Months Days Hours Min.
ioa. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS work done during most of working life. OR INDUSTRY: even if retired) HOUSEWIFE OWN HOWE	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Joseph Stewart	Unknown
18, WAS DEGRASED EVER IN U.S. ARMED FORCEST 10. SOCIAL SECURITY NO.	17, INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service) Oue	Harry Baker
18. MEDICAL CERTIFICA	ATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
. 153 × × 10	and and of 2 to to
IMMEDIATE CAUSE (A)	arraye on muse
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. (B)	inglaton from Carrena
GIVING RISE TO THE ABOVE CAUSE DUE TO	N la Da
; (c) 9/ /	Jacenking Calan 376
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19s. MAJOR FINDINGS OF OPERATI	ON 20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, for CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bld (IF EITHER, NOTIFY MEDICAL EXAMINER)	actory. 21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRI While Not while at work at work	ED 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from .a.	195, to O.S., 195, that I last saw the deceased
alive on Oct 10, 19 15, and that death occurred a	
SIGNATURE	ADDRESS DATE SIGNED
SIGNATURE  SIGNATURE  123. BURIAL, CREMATION, DATE THEREOF NAME OF CEME	M.D. 750/ Mark Rd Tawson 4 mil 11/5
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEME	TERY OR CREMATORY   LOCATION (City, town, or county) (State)
BUTIAL VET. 12, 1955 DIACK KOCK	cemetery paltimore co., Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Oct. 12, 1955 Mabel & May	HOWN KINNING SOME TOUSON HIS



# VS. A15 — 10 - 53

ø.	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 USTAS	
7. Th	9404 CERTIFICATE OF DEATH Reg. Dist. No. 30	
ully.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
carefull legibly.	COUNTY Babto: MARYLAND STATE Med. COUNTY	
	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest to	own)
lon	OR and sive agreet town) (in this place) OR	X
ly a	HOSPITAL OR STREET (If rurn give location)	57
form	O STREET ADDRESS 16 Lusting am ADDRESS 12 Colors	1
2 2	3. NAME OF (First) (Miggle) (Miggle) 4. DATE (Month), Day) (Year)	1
世世	DECEASED: (Type or Print) Amely 1, 2011 DEATH Oct 14 195	-
item of de	5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE OF BIRTH:   9. AGE isst birthday   F UNDER 14 P	HHS.
	(Specify): Wilder of Specify: Wilder of Specify): Wilder of Specify	/lin.
NV NY		HAT
	even if retired) Co. Conk Control Cont	
pply the	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	—
Supply	Tlephen Dall ann lleacon	
K. 9	IS. WAS DECEASED EVER IN U.S. ARMED FORCEST IS. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:	0
2 .	(Yes, no, or unk.) (If Yes, give war or dates of service)	Col
NG ]	18. MEDICAL CERTIFICATION INTERVAL META	EEN
DIN.	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	HTAS
	IMMEDIATE CAUSE (A) Coronary Thrombosho / da.	
TH DNFA	ANTECEDENT CAUSE (8) DUE TO	
D. Asi	DISEASES OR CONDITIONS, IF ANY. (B) Lower land Usterior selection.	
TH	STATING UNDERLYING CAUSE LAST DUE TO	
<i>χ</i> Ι.	(C)	
LY, vortan	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	9
N L	DISPASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	
AIN	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20, AUTOPS	Y?
PL IIy		机
TT PI	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
WRI s esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While Not while at work at work	
OR e is	22. I hereby certify that I attended the deceased from Quy 26, 19-5 to 37. 14, 1955, that I last saw the deceased	nand.
50 50		iseu
D.	alive on 10-14, and that death occurred at 3-00/M, from the causes and on the date stated above.  SIGNATURE  DATE SIGNED	
	Walons R. Jallager M.O. Catonoville - 28, and. 10-16-55	_
62 0	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (8.1), town, or county) (S.	tate)
¥.	Durial 4.1/155 New Gathedral + Solto-Mid	
d.	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS	
	10/17/50 U. G. Harry Harry Harry H. Welske. 4, 01 Camond	200

**ADDRESS** 

Easten, Md.

Ē

carefully.

item of information

every causes

Supply

Z ease

NG

IQ √,

B

AINL

PL

WRITE

回

TYP] correct

SE

MARGIN RESERVED FOR BINDING

and

clearly

death

of

te

Physicians

important.

200 2 0

cs

DATE REC'D BY LOCAL

REGISTRAR

SIGNATURE

d, .....

The

death clearly and legibly item of information garefu

of

43

Wri INK.

please

Physicians

important.

50

age

correct

every causes

Supply the

UNFADING

WITH

AINLY,

PL especially

WRITE

1. PLACE OF

5. SEX:

IOA. USUAL OC work done du

13. FATHER'S

THOMAS B. 18. WAS DECEASED

(Yes, no, or unk YES

II OTHER SIG

(IF EITHER, NOTII TIME (Mon

DATE REC'D

REGISTRAR

210

MALE

STREET AD 3. NAME OF DECEASED: (Type or Pri

MADNI AND COMPONING	IN OF HEALTH DALMINODE 10	00200
MARYLAND STATE DEPARTMEN	VI OF HEALTH—BALTIMORE, 18	0.8350
9406 CERTIFICATI	E OF DEATH Reg. Dist.	No.
. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	):
COUNTY BALTIMORE MARYLAND	STATE MARYLAND COUNTY	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL at	nd give nearest town)
TOWN FORT HOWARD 5 HRS.40 M.		_
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	
O STREET ADDRESS VETERANS ADMINISTRATION HOSPI	TAL 3817 W. COLDSPRING LAN	Œ
NAME OF (First) (Middle) DECEASED:	25	Day) (Year)
(Type or Print) HENRY B. B	ATES DEATH: OCTOBER	17 1955
RACE: WIDOWED, DIVORCED,	9. AGE last birthday Jr UNDER 1 V Months   D	EAR IF UNDER 24 HRS.
	95 60 yrs.	
work done during most of working life, OR INDUSTRY:	1	COUNTRY?
even if retired) ELECTRICIAN   ELECTRICAL CO.	ARNOLD, N. CAROLINA U.	S. A.
THOMAS BATES . WAS DECEASED EVER IN U.S. ARMED FORCES!   18. SOCIAL SECURITY NO.	SCARA WEAVER	
Yes, no, or unk.) (If Yes, give war or dates		
YES   of service) WW I   220:03:6435	CLIN.REC.VET.ADM.HOSP., FT.HOWA	
18. MEDICAL CERTIFICA'  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TION	ONSET AND DEATH
3.3/x		
IMMEDIATE CAUSE (A) RIGHT GERE	EBRAL HEMORRHAGE	UNKNOWN
ANTECEDENT CAUSE (8)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO		
STATING UNDERLYING CAUSE LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
94. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	N .	20. AUTOPSY?
		YES NO
1A. ACCIDENT WAS UNDERLYING   218. PLACE (Home, farm, far CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg. IF EITHER, NOTIFY MEDICAL EXAMINER)	, etc. INJURY OCCUR?	y) (State)
1D TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?	

OF INJURY at work L at work 22. I hereby certify that X attended the deceased from OCT.

ADDRESS DATE SIGNED

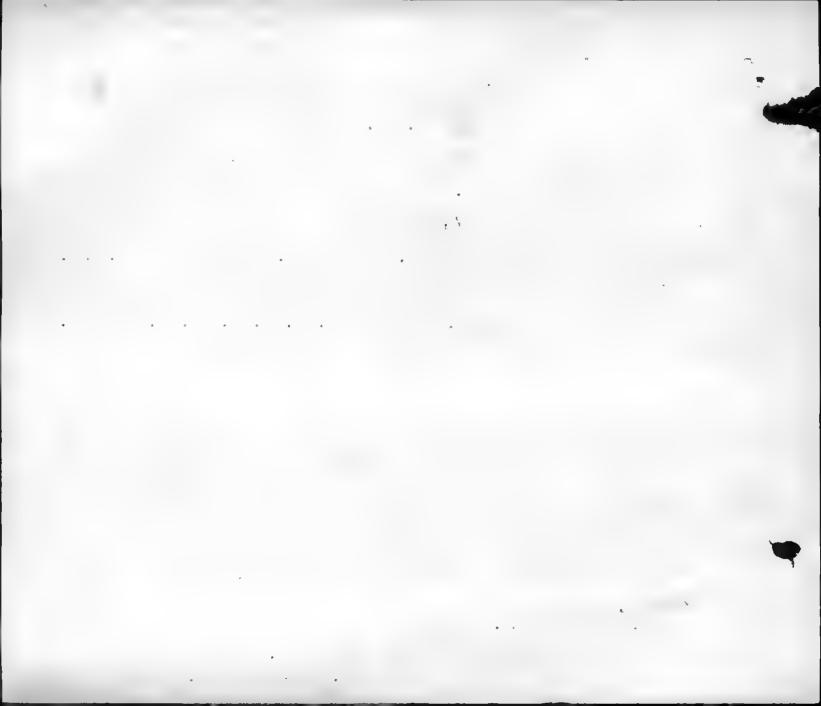
M. D. VAH. FORT HOWARD, MARYLAND VANDEGRAFT. LOCATION (City, town, or county) NAME OF CEMETERY OR CREMATORY

BURIAL, CREMATION. DATE THEREOF REMOVAL (SPECIFY)

MARYLAND

FUNERAL DIRECTOR ADDRESS HARFORD ROAD 6009

BY LOCAL



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED legibly. 1. PLACE OF DEATH: COUNTY / Valleman COUNTY MARYLAND CITY(If outside, corporate limits, write RURAL and give nearest town) (If outside corporate limits, write RURAL) LENGTH OF STAY CITY (in this place) and OR OR and gife nearest town) information TOWN / TOWN (If raral give location) STREET clearly HOSPITAL OR INSTITUTION OR **ADDRESS** # STREET ADDRESS (Middle) (Lest) 4. DATE (Month (Day) (Year) S. NAME OF death OF DECEASED: to 193 DEATH: (Type or Print) item 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR | IF UNDER 24 HRE. WIDOWED, DIVORCED RACE: Months | Days Hours of (Specify): mo every 108. KIND OF BUSINESS (State or foreign country): | 12. CITIZEN OF WHAT IOA. USUAL OCCUPATION (Give kind of) OR INQUSTRY: COUNTRY? work done during most of working life, even if retired); USA FOR BINDIN me pply MAIDEN NAME 0 13. FATHER'S NAME: 15. WAS DEFASED EVER IN U.S. ARMED FORCES! (Yes, no or unk.) (If Yes, give war or dates INFORMANT ðŧ ADDRESS IS, SOCIAL SECURITY NO. Z of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN NG RESERVED I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH D <d d (A) ans IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S) sici DISEASES OR CONDITIONS, IF ANY, (B) ARGIN GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) B important. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH AIN 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION: 1 20. AUTOPSY1 NO H 218. PLACE (Home, farm, factory, (State) 21c. WHERE DID (City or town) (County) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? 国 (IF EITHER, NOTIFY MEDICAL EXAMINER) WRIT 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) While Not while OF INJURY at work at work OR ... 1955 that I last saw the deceased . 1955, to ../0 22. I hereby certify that I attended the deceased from 国 M. from the causes and on the date stated above. , and that death occurred at alive on 1943 ODDRESS DATE SIGNED SIGNATURE M. D SE (State) NAME OF CEMETERY CREMATORY LOCATION (City, town, or county) 23. BURIAL/ CREMATION DATE THEREOF ⋖ 24 REC'D BY LOCAL





22. I hereby certify that I attended the deceased from 36 M, from the causes and on the date stated above. . and that death occurred at SIGNATURE **ADDRESS** LOCATION (City, town, or county) -DATE THEREOF NAME OF CEMETERY OR CREMATORY 23. BURIAL, CREMATION, REMOVAL (SPECIFY)

REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL

Druid hidge Cem. Pikesville. Md. 249/FUNERAL DIRECTOR

ADDRESS

Ucl. 1955, to Uch 1955, that I last saw the deceased

0

CC.

TYPI orrect

SE

REGISTRAR.



The bottom copy ATTENDING

this this

72 hours after death. After director, the third copy of

with the registrar within filled in by the funeral

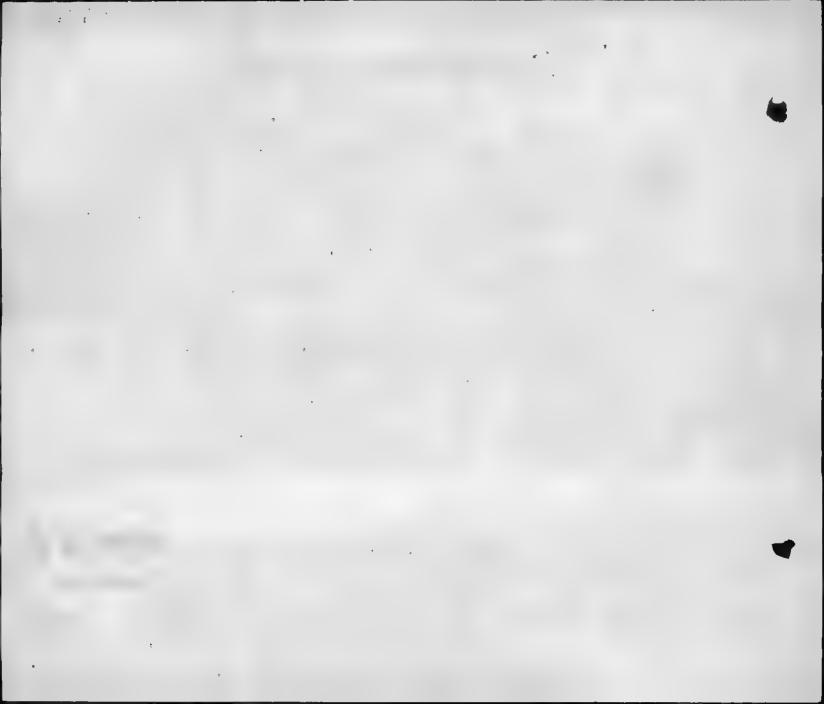
nours after death.

Within

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9498 CERTIFICATE OF DEATH

Itom 12, Film 1188 11-3-55 et	,		R	eg. Dist. No.	***********************
1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF D	CEASED	
COUNTY Baltimore	MARYLAND	STATE Md.	COUNTY	Dalti	re
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	STATE IId COUNTY 771 t 2 , 10 f 6  City (If outside corporate limits, write RURAL and give nearest town) OR		n)	
52 TOWN Jation Wille	(iii iiiis piece)	TOWN Cato	nsvillo		~
HOSPITAL OR		STREET	(If rurel give	e location)	•
INSTITUTION OR STREET ADDRESS CORE TO THE TOTAL TO THE TOTAL TO THE TOTAL TOTA	2 - 2	ADDRESS	· -		
3. NAME OF (First)	(Middle)	(Lest)	Torth Bend		
(Type or Print) John Bauer	,	(1.001)	A.F.		1
				et. 26/5	05 19
5. SEX 6. COLOR OR 7. SINGLE, MA WIDOWED, IT TO SERVE (S. SERVETE)	RRIED, 8. DATE	OF BIRTH	9. AGE lest birthday	IF UNDER 1 YEAR	
(Specify)		19,1875	82 yn.	Months Days	Hours Min
10e. USUAL OCCUPATION (Give kind of work   10b.	KIND OF BUSINESS	11. BIRTHPLACE (State or fo		l 12. CITIZ	EN OF WHAT
retired) Promietor of Gree	OR INDUSTRY	Containment		U.S	INTRY?
13. FATHER'S NAME	or's prora	1 14. MOTHER'S MAIDEN	NAME	0.0	• #1 e
Baner		Un orn			
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	UM TOUR	ADDOCCO.		
(Yes, no, or unk.) (If Yes, give war or dates of service)	io. Social Seconiii No.	IZ. INFORMANI O	ADDRESS ( 1815)	ter)	
		irs. John	1 · taib. 5	2 lknd	lor
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	18. MEDICAL CE	RTIFICATION		INI	ERVAL BETWEEN
1170 1	A. Tain	adl The	0-1.		A A
5110 00	and of	solette	-Card	1	meri
ANTECEDENT CAUSE(5)  DISEASES OR CONDITIONS, IF ANY, (B)	1	2	1		
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO		entitles c	1 de		
STATING UNDERLYING CAUSE LAST. (C)	-				
IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.					
190. DATE OF OPERATION 196. MAJOR FINDING	GS OF OPERATION				O. AUTOPSY?
					S NO ET
218. ACCIDENT WAS UNDERLYING 216. PLACE (HOR CONTRIBUTING CAUSE OF DEATH OF INJURY shoet (IF EITHER, NOTIFY MEDICAL EXAMINER)	oma, ferm, factory, of, office bldg., etc.)	21c. WHERE DID INJURY OCC	UR? (City or town)	(County)	(Stete)
	10. INJURY OCCURRED	21f. HOW DID INJURY OCC	UR?		
	Vhile Not while at work				
22. I hereby certify that I attended the de-	4/1/8	1 101 10/0	12-6 :05%		
22. I horeby certary man I anended me de	ceased from	55 / 10./		, that I last sa	w the decease
alive on 6 1987, a	nd that death occurred a	at	causes and on the c		
11/2- Misse	100000	~ > //Y/	ORESS (Street, city, low		DATE SIGNE
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY O	DI WYL	LOCATION (City, town		
REMOVAL (SPECIFY)			1 .		(State)
	5 New Cathe	dral	"al timore	. Lid.	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATU	JRE /	25, FUNERAL DIRECTOR	S SIGNATURE	ADDRES	5 A
DATE Oct. 28 1955 Victor 6.	Harry -	Jarry H. Wil	zke 4101 1	dmondso	n Ave.



3479 Lil. Padany.

10 - 53
A15 -
VS.

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (	9395/
	9410 CERTIFICATE OF DEATH Reg. Dist.	No. 4
	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED	: (
	COUNTY DALTINGE MARYLAND STATE MARYLAND COUNTY CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL as	/
	OR and give nearest town) (in this place) OR TOWN FOLT HOLARD B hrs. 55 mins. TOWN BALTIMORE	52
4	HOSPITAL OR (If rural give location) STREET ADDRESS STREET ADDRESS  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
		lay) (Year)
	(Type or Print) DWARD (NMI) BETNICK DEATH CCTCTT ]	1955
	RACE: WIDOWED, DIVORCED, Months D	EAR IF UNDER 24 HRS.  AVE Hours   Min.
l.	TALE   MITTE   (Specify) MARRIED   12/21/86   68 975	
ı	IOA. ( UAL OCCUPATION (Give kind of 10s KIND OF BUSINESS ) 11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
	or industry:  or if retired): MITED  COAL MINES  13. FATHER'S NAME:  OR INDUSTRY:  SHENANDCAH, PENNSYIVANIA  14. MOTHER'S MAIDEN NAME:	U.S.A.
l	JOHN BERNICK JULIA RECTOR	
	IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17, INFORMANT & ADDRESS:  (Yes, no, or unk/) (If Yes, give war or dates	
L	YES of service) LINI 179-09-7580 CLIH. DEC., VET. ADM. HOSP. TT. HOLLED	7.
	18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
	IMMEDIATE CAUSE (A) OLD AND RECENT INFARCTS OF THE HEART	UNKNOWN
	ANTECEDENT CAUSE (8)	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	
	STATING UNDERLYING CAUSE LAST.	
	(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	19a DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES NO
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (Count OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	y) (State)
	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY  While  Not while	
	M.   at work   at work	
	22. ereby certify that I attended the deceased from OCT. 1, 1955, to OCT. 15, 1955, that Maxt	saw the deceased
	ANX PROPERTY AND THAT death occurred at 1: 3CPM, from the causes and on the date of ADDRESS DAT	stated above.
	23. THAT CREMENON, DATE THEREOF NAME OF CEMETERY OF CREMETORY LOCATION (City, town, or	county (State)
	BULLAL GRECIFY) Oct 19 1955 SAGRED, ILLANT CETETRY PALTIMOPH, MAR	סייי דייו
	DA REC'D BY LOCAL REGISTRAR'S SIGNATURE RECOTRANS SIGNATURE 11. COOK BLICH INC. TITLE TO COOK BLICH INC.	ADDRESS



	The	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  9411 CERTIFICATE OF DEATH Reg. Dist.	09396>
3 <b>F</b>	*		
	carefull legibly.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECLASED	-
1.5	careful	COUNTY Baltimore MARYLAND STATE Ma COUNTY Sale	more
		CITY (If outside corporate limits, write RURAL CITY(If outside corporate limits, write RURAL and Corporate l	id give nearest town)
1	nati Iy a	HOSPITAL OR STREET (If rural Rive location)	
RA.	information clearly and	DISTRECT ADDRESS 6802 Navajo Sure 6802 Marajo Da	wa
Fan.	of ath	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (I DECEASED: OF DECEASED: OF DEATH: /0 - /-	(Year) 4- 19 Value
	item of de	5. SEX: 16. COLOR OF 17. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE last birthday IF UNDER 1 Y WIDOWED, DIVORCED. Months   D	/
	_	Mule White Write Williams of State of foreign country): 12.	
Ö	causes	work done during most of working life. OR INDUSTRY:	COUNTRY?
BINDING		13/ PATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	
N.	Supply te the c	Lerano to Againtain Susan	
<u>m</u>	/	19. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT & ADDRESS:	7
FOR	INK.	(Yes, no, or unk.) (If Yes, give war or dates of service)  Welda Herustein — q	Lame
		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
VE	ADING s: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
MARGIN RESERVED	FAI ns:	IMMEDIATE CAUSE (A) CORUNARY INTARCTION	1 dh 1 1 Pu
Se	UNF.	ANTEGEDENT CAUSE (8)	
Z	6.	DISEASES OR CONDITIONS, IF ANY, (B)	
IĐ:		STATING UNDERLYING CAUSE LAST. (C)	
[A]	3-4	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
2	ILY sort	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	AINLY, Wimportant.	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
-	-		1 1
1	1	21A. ACCIDENT WAS UNDERLYING ☐ 21B PLACE (Home, frrm, factory, 21c. WHERE DID (City or town) (Count OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?  (IF EITHER, NOTIFY MEDICAL EXAMINER)	y) (State)
	5	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While Not while at work at work at work	
	OR is		saw the decessed
9	D.D.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
9	TYPE rect a	SIGNATURE ADDRESS But 27 Med DAT	E SIGNED
i 		Melery n. Smiller M. D. 2 TOV ORY Today y	county) (State)
101	A S	23. DURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, Jun, or FREMOVAL (SPECIFY)	to md
< .	316	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 1/24. FUNERAL DIRECTOR	ADDRESS DO
> 5	щ	REGISTRAR Merethy Newells Jack Lewis One 21006	utaw /

Na A

SS61 61 L

DBAMES.

#### MARYLAND STATE DEPARTMENT OF HEALTH

09397

9412

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

eg. Dist. No. 30

ODMINIONI.	Reg. Dist.	No
1. PLACE OF DEATH- COUNTY BALTIMONE COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.  COUN  COUN	
CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and CITY (in this place) on the corporate limits, write RURAL and CITY (in this place) on the corporate limits, write RURAL and CITY (in this place) on the corporate limits, write RURAL and CITY (in this place) on the corporate limits, write RURAL and CITY (in this place) on the corporate limits, write RURAL and CITY (in this place) on the corporate limits, write RURAL and CITY (in this place) on the corporate limits, write RURAL and CITY (in this place) on the corporate limits, write RURAL and CITY (in this place) on the corporate limits, write RURAL and CITY (in this place) on the corporate limits, write RURAL and CITY (in this place) on the corporate limits, write RURAL and CITY (in this place) on the corporate limits, write RURAL and CITY (in this place) on the corporate limits, write RURAL and CITY (in this place) on the corporate limits, write RURAL and CITY (in this place) on the corporate limits, write RURAL and CITY (in this place) on the corporate limits, write RURAL and CITY (in this place) on the corporate limits, write RURAL and CITY (in this place) on the corporate limits, write RURAL and CITY (in this place) on the corporate limits and CITY (in this place) on the corporate limits and CITY (in this place) on the corporate limits and CITY (in this place) on the corporate limits and CITY (in this place) on the corporate limits and CITY (in this place) on the corporate limits and CITY (in this place) on the corporate limits and CITY (in this place) on the corporate limits and CITY (in this place) on the corporate limits and CITY (in this place) on the corporate limits and CITY (in this place) on the corporate limits and CITY (in this place) on the corporate limits and CITY (in this place) on the corporate limits and CITY (in this place) on the corporate limits and CITY (in this place) on the corporate limits and CITY (in this place) on the corporate limits and CITY (in this place) on the corporate limits	OR BALTIMORE CITY	give nearest town)
HOSPITAL OR HOUSE IN THE PINES INSTITUTION OR HOUSE IN THE PINES STREET ADDRESS 16 FUSTING AVE	STREET (If rural, give location) ADDRESS 3603 GLEN AVE	
	ERNSTEIN 4. DATE (Month) OF DEATH /O	(Day) (Year) 2.3 1955
6. SEX  6. COLOR OR RACE WIDOWED, DIVORCED (Specify) WIDOW & R	UNKOOUN 80 yrs. Month	er i year   If under 24 hrs. B   Days   Hours   Min.
done during most of working life, even if retired)  OFFICAL  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY		12. CITIZEN OF WHAT COUNTRY?
HARRY BERNSTEIN	GERTRUDE RICE	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	MR9 ALBERT STARK 3603 GLE	VAVE, NO.
18. MEDICAL CE I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) MYOCAR	DIAL INFARCTION	5 MINUTES
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause	X ARTERIOSCLEROSIS	1 YEAR
stating the underlying cause last (c) GENERALI	ZED ARTERIOSCLEROSIS	5 YEARS
terpled to any dix may be conducted conducting distants.	ONE	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  HOMICIDE INJURY	(CITY OR TOWN) (COUNT	Y) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While   INJURY   Mork   At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 1950, to 10-22, 1955, that I last	saw the deceased
alive on 10-15, 1933, and that death occurred at	&m., from the causes and on the date	stated above.  DATE SIGNED
Melton Bernstein M.D.  23. ESPRIAL, CREMATION   DATE THEREOF   NAME, DE CEMETE	3202 TANEY RO, BALTIMORE! BY OR CREMATORY   LOCATION (CRY, town, or co	MD 10-22-55
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Cale Ballo	ADDRESS)
REG. 11-23-55 1/ 6 Harry	Jack Lewis De 2100 By	Law 16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS. A15

. 1

#### CERTIFICATE OF DEATH

Reg. Dist. No.

oly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
legibly	COUNTY Bolto. MARYLAND	STATE IId. COUNTY Bolto.
	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
and	OR and give nearest town) (in this place)  X TOWN Carney	or Town Carney
	HOSPITAL OR	STREET (If rural give location)
LI.	INSTITUTION OR	ADDRESS
clearly	A STREET ADDRESS 2615 Jo pa Tarr.	2615 d ppa Terrace
	3, NAME OF (First) (Middle) ( DECEASED: TRULTY	(Last) 4. DATE (Month) (Day) (Year)
death	(Type or Print) BRVIN R. BLC	EDORN DEATH: Cat. 30, 19 55
	5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE   WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
of	male white (Specify): Married July 5	1891 64 yrs. Months Days Hours Min.
causes	IOA. USUAL OCCUPATION (Give kind of) 108 KIND OF BUSINESS	II. BIRTHPLACE (State or foreign country):  12. CITIZEN OF WHAT
aus	work done during most of working life. OR INDUSTRY: even if retired): Ptd Strok Exchange	Illinois
	13 FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
write the		Annie
te.	William Bloedorn	
WE	15, WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
>	(Yes, no or unk.) (If Yes, give war on dates 211-20-6072	Hrs. Grace A.dloedom-2615 Joppa Terr.
please	18. MEDICAL CERTIFICAT	ION INTERVAL BETWEEN
D	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	Tomm	nary Occhieron 7 days
SE	IMMEDIATE CAUSE  (A)  DUE TO	avy o america
Physicians	ANTECEDENT CAUSE (8)	in-Franciar desease 3 um
≥3 S3	GIVING RISE TO THE ABOVE CAUSE	5- yuqueur lececuse 3 yrs
Ph	STATING UNDERLYING CAUSE LAST. DUE TO	To man of the
نب	(c) areas	aves Melleus 10 yrs
tan	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
OL	DISEASE OR CONDITION CAUSING DEATH.	V
important.	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES NO [
113	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact	ory, 21c. WHERE DID (City or town) (County) (State)
especially	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	etc. INJURY OCCUR?
Spe	21D TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	1 21F. HOW DID INJURY OCCUR?
_	OF INJURY While Not while	
97		10720
90	22. I hereby certify that I attended the deceased from 145	Z, 19, to Oct 30, 19 5 that I last saw the deceased
eti	alive on (Lest. 29, 1955, and that death occurred at	8 %. M, from the causes and on the date stated above.
ect	SIGNATURE O	ADDRESS DATE, SIGNED
correct	Homar Cl. Jodd M.	. D. 2108 D & Jane St. 19/3/138
S	23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY)	ERY OR CREMATORY LOCATION (City, town, or county) (State)
	burial 11/2/55 Forest Home	Con. Chicago, Ill
	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24 FUNERAL PINECTOR ADDRESS

UNFADING INK.

OR WRITE PLAINLY

TYPE

PLEASE

Supply every item of information carefully. The

A15-



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

1.50

PLEASE TYPE OR

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9414 CERTIFICATE OF DEATH Reg. Dist

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D;
COUNTY BALTIMORE MARYLAND	STATE MARYLAND COUNTY	
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY		and give pearest town)
OR and give nearest town) (in this place)	OR	and wite heatest howith
TOTAL HOWARD 12 Has. 20 H		141
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	)
STREET ADDRESS/ETEPANS ADMINISTRATION HOSPI	TAL 1319 BIRCH AVENUE	
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
DECEASED: (Type or Print) WILLIAM T.	BLOUNT BEATH: OCTOBER	
5. SEX:  6 COLOR OR 7. SINGLE, MARRIED   8. DATE	OF BIRTH: 9, AGE last birthday: If UNDER	
MALE WHITE Specify: DI VORCED 8/:	Months	Days Hours   Min.
MALE WHITE (Specify): DI VORCED 8/:		
work done during most of working life   OP INDUSTRY.	11, BIRTHPLACE (State or foreign country). 12.	COUNTRY?
even if retired): TECHNICIAN ELECTRICAL	BALTIMORE, MARYLAND	U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
MACK BLOUNT	RUTH MCCLERON	
18. WAR DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS.	
(Yes, no, or unly) (If Yes, give war or dates YES of service) WITT 223_72_0863	ATTI DIG TIES INC. TO THE LAND	
	CLIN.REC.VET.ADM.HOSP.,FT.HOW	ARD, HARYLAND
18. MEDICAL CERTIFICAT  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	rion	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
MYOCAL DIAL	INF. RCTION	UNKNOWN
DUE TO	11/1 18(O1 1 O1)	OT, MACAMIA
ANTECEDENT CAUSE (8)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO		
(c)		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE GLOMEPULONE	EFHRITIS	UNKWC!'N
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO		
		20. AUTOPSY1
21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory   21c. WHERE DID (City or town) (Coun. etc. INJURY OCCUR?	(State)
21D TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY M. 21E INJURY OCCURRED Not while at work at work	D 21F. HOW DID INJURY OCCUR?	,
22 I hereby certify thaVA attended the deceased from OCT.	1: , 1955, to OCT. 4: 35 PM	exampthe decuared
alive of the course of the course of the death occurred at		
SIGNATURE L'AN TOUST		TE SIGNED.
THE TOTAL STATE OF THE STATE OF		10/2/55
	TERY OR CREMATORY   LOCATION (City, town, or	r county) (State)
REMOVAL ((SPECIFY)		
	2	LAND
REGISTANT 6-53 Daws 6. Harby	HA TO II. HIE ARD THE AT HA	





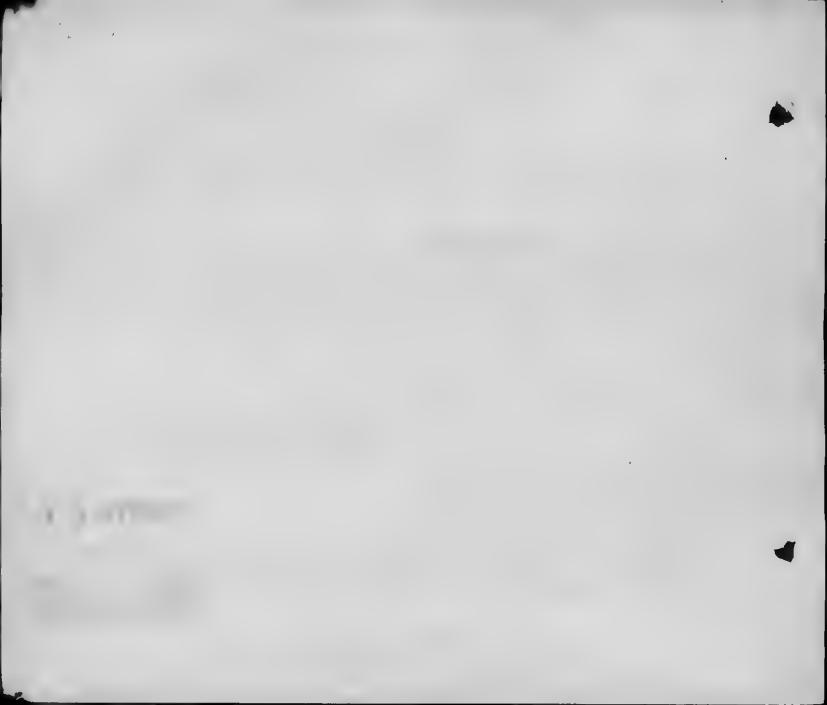
#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	N

rrect	MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. 3				
8	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:					
The ly.	COUNTY Beltierre MARYLAND	STATE APPLANC COUNTY					
	COUNTY MARYLAND  CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (If outside corporate limits write RURAL a	nd give neerest town)				
carefully. The	OR and give nearest town)  OR and give nearest town)  TOWN  (in this place)	OR TOWN . 1 to 180763	^ V 0 1 - 1				
	HOSPITAL OR INSTITUTION OR STREET ADDRESS FING True Fale Telling	STREET (If rural, give location ADDRESS :470 -, _rle_, _ronuc	· /_				
tion	3. NAME OF (First) (Middle)		ay) (Year)				
nation	DECEASED: (Type or Print)	O. TOTA DEATH ("ote" or	19 55				
f information death clearly	RACE: WIDOWED, DIVORCED, (Specify): idowed	31.071. C3 yrs.	Days Hours Min.				
every item of ne causes of d	10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Union with the work life, even if retired is the work life.	R   11. BIRTHPLACE (State or foreign country):   Eussia	2. CITIZEN OF WHAT COUNTRY!				
r it use	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:					
er er	Gliman	nebecca Vilman					
Supply evwrite the	15 Was Deceased Eyer In U.S. Armed Forces? (Yes, no, or unk.) (1f Yes, give war or dates of service) (1n) (1n) (1n) (1n) (1n) (1n) (1n) (1n	17. INFORMANT & ADDRESS:	ital				
Sur		AL CERTIFICATION	INTERVAL BETWEEN				
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH				
r INK.	Immediate cause  (a) Route cardiac  DUE TO	failure					
5 .:	Antecedent cause(s) Arteriosclar tic cardiovascular disease						
DII	Diseases or conditions, if any, (b)						
F. E.	giving rise to the above cause DUE TO stating underlying cause last	( " 1" t					
UNFADING Physicians: p	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	muy	,				
	DISEASE OR CONDITION CAUSING DEATH						
Y, WITH important.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		ze. AUTOPSY z				
	21s. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING UF Street, office bldg., etc. CAUSE OF DEATH.	(County)	(State)				
AIN	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while INJURY M. work at work	211. HOW DID INJURY OCCUR?					
PI	22. I hereby certify that I took charge of the remains descri	bed above, held an Autopsy □, Inspection [	Inquiry A. and				
ह्य इ	find that death resulted from: Natural causes 4, Acei	dent []. Suicide []. Homicide []. Undet	ermined cause [].				
WRITE PLAIN ge is especially	SIGNATURE for 1010 Les	CHIEF MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	10-13-55				
SE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER PANOVAL (Specify): 16/14/55 Net Cant	RY, OR CREMATORY LOCATION (City, town, or	county) (State)				
PLEA	DATE RECUBY LOCAL RECISTRAR'S SIGNATURE REG. 13/55	Blazensh of Sa 9501-	14d Day				
		7	7 4				

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING



23. BURIAL, CREMATION. REMOVAL (SPECIFY)

DATE REC'D BY LOCAL

BURTAL

REGISTRAR

10-15-55

REGISTRAR'S SIGNATURE

A15

₹

豆

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

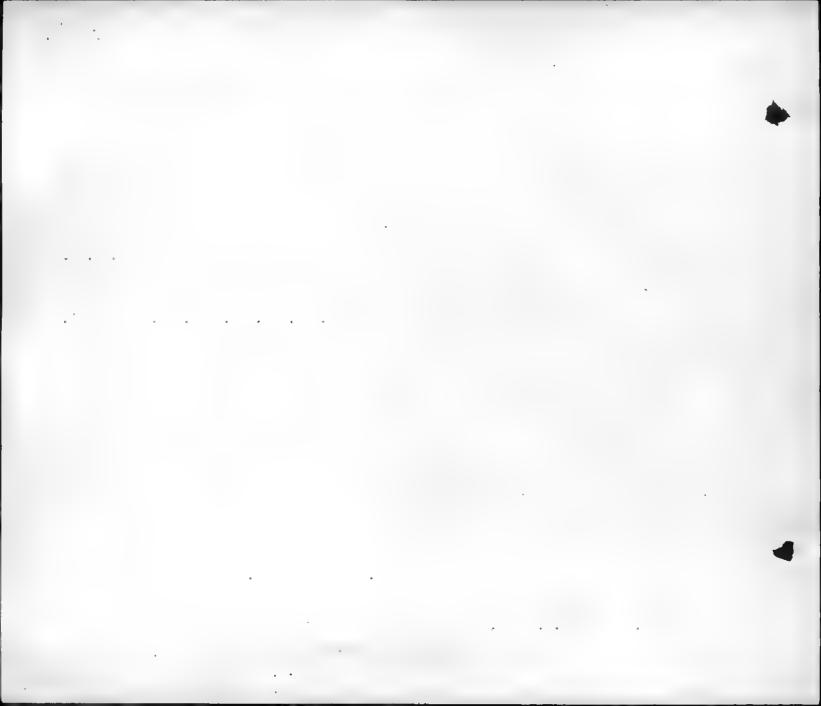
Reg. Dist. No.

LOCATION (City, town, or county)

NERAL HOME-1000 BRANTLEY

Uslf Cem

NO D



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

# VS. A15—10-53

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18	09403
0/10	CEL	מות א יאדונות	OT	TITLATED 5		73

	9418 CERTIFICATI	E OF DEATH Reg. Dist.	No.33
cganty.	1. PLACE OF DEATH COUNTY Bulto MARYLAND	STATE THE COUNTY B	alto
מווע	OR and give nearest town) Town Children Course   Survey Course	CITY (If outside corporate limits, write RURAL a TOWN Upplees - Re	na give nearest town)
COLLY	HOSPITAL OR JO INSTITUTION OR STREET ADDRESS	STREET (If rural give location)	ť
111111111111111111111111111111111111111	OECEASED: (Type or Print) ALBERT - S - BR	OWN 4. DATE (Month) (I	Sayi (Year)
10 0	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED. DIVORCED. RACE: (Specifications) Revolution (Specifications)	2-10/01 // yrs	ays Hours Mln.
Called	work done during most of working life, even if retired) June	11. BIRTHPLACE (State or foreign country): 12.  Mayllud	COUNTRY!
27	Falle Brown	Relecca Mycic	0
Se with	18. (Yes, no, or unk.) (If Yes, give yer or dates of service)	Haueu Brown-Recite	ectown med
lans: pica	I OISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)	any Thrumtonis	INTERVAL SETWEEN ONSET AND DEATH
rnysic	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B)  OUE TO	ary arteur Johnsi.	8914
ortant.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
y imp	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
eciali	21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21B. PLACE (Home, farm, fact OF INJURY street, office bldg.,	ory. 21c. WHERE DIO (City or town) (Count etc. INJURY OCCUR?	y) (State)
is esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	142 Met 5 J1	
හ ර්ග සේ	22. I hereby certify that I attended the deceased from alive on 19, and that death-occurred at	1, 19, to , 19 , that I last	saw the deceased
correct	Sur Partir fuel M	o. Ammbeus mi	E SIGNED -
Ŭ	Bureal act 8/55 MM Fe	Bully Or CREMATORY Bully town, or	Tild
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 10-5-55 Mary B. Elica	Edil Clipton, Harry	ADDRESS MA

		of meaningment, to 03404
y. Th	9419 CERTIFICATE	
carefully.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
carefull legibly.	COUNTY Bultimane MARYLAND	STATE hd COUNTY Harford
le le	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITYIII outside corporate limits, write RURAL and give nearest town)
tio≡ ■nd	OR and give nearest town)	TOWN Have do for 12-21/2
ati y	HOSPITAL OR	STREET (If rural give Jocation)
ormai early	INSTITUTION OR LAND CLOT HARALT	ADDRESS 11-00
informatiom	I was trade waster	Thoren Acco
i i	DECEASED:	Last) 4. DATE (Month) (Day) (Year)  OF DEATH. /6 (2/)
u p	(Type or Print) // V // S. SEX:   6. COLOR OR   7. SINGLE, MARRIED.   8. DATE	OF BIOTH
ii #	RACE WIDOWED, DIVORCED, (Specify):	yrs. Months Days Hours Min.
r mvmry	10A USUAL OCCUPATION (Give kind of work done during most of working life. even If retired):	II. BIRTHPLACE (State or foreign country):   12. CITIZEN OF WHAT COUNTRY?
Supply te thm	13. FATHER'S NAME:	14, MOTHER'S MAIDEN NAME:
upp	a. l. Bunce	mayaret McCommons
K. Su write	19, WAS DECENSED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
	(Yes, no, or unk.) (If Yes, give war or dates of service)	
	18. MEDICAL CERTIFICATI	ON
NG ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ON INTERVAL BETWEEN ONSET AND DEATH
5	177x	Dome
TH UNFA! Physicians:	IMMEDIÂTE CAUSE (A)	un of tradell
UNF	ANTECEDENT CAUSE (8)	V
H 1	DISEASES OR CONDITIONS, IF ANY. (B) GIVING RISE TO THE ABOVE CAUSE DUE TO	
WITH nt. Phy	STATING UNDERLYING CAUSE LAST.	
nt.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
AINLY, Wimportant.	TO THE DEATH BUT NOT RELATED TO THE	enilit.
AINLY	DISEASE OR CONDITION CAUSING DEATH,	
3 1	9.3.58 Canoma of Prostale	University Hofatal Ball by YES NO (1)
rE	21a. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. Žic. WHERE DID (City or town) (County) (State)
15	2 ID. TIME (Month) (Day) (Year) (Hour) 2 IE INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
OR e is	22. I hereby certify that I attended the deceased from	10 , 1955, to 10:24 , 19 55, that I last saw the deceased
E 60	Man and a second	
E TYP	alive on 10 7 , 19 , and that death occurred at SIGNATURE	M, from the causes and on the date stated above.  ADDRESS  DATE SIGNED
Corr	kena Bether M.	D. Jung Grave 40:0 10/21/5
<<	Burial CREMATION. DATE THEREOF NAME OF CEMETE 10-24-55 Darlington	Cometery Darlington, Harford County, Md.
PLE	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
	REGISTRAPY) 27/55 The Harry	Pinnington & Son, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

VS. A15-10-53



af inf \_\_\_tion carefully. The

M

and legibly.

clearly a

death

Jo

item

rery causes

Supply write the

INK.

UNFADING

WITH

PLAINLY,

WRITE

OR a ge

TYPE

PLEASE

please

Physicians:

important.

especially

REGISTRAR

# 10 - 53A15

Ϋ́S

MARYLAND STATE DEPARTMENT		09405
QA20 CERTIFICATE	E OF DEATH Reg. Dist.	No. 24
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	22.2
COUNTY Baltimore MARYLAND	maryland Kaltimo	re
CITY (If outside corporate limits, write RURAL LENGTH OF STAY on and give nearest town)	CITY(If outside corporate limits, write RURAL at OR TOWN	nd give nearest town)
HOSPITAL OR INSTITUTION OR STREET AGORESS	STREET off Turning the tree togethon)	14 34. /
DECEASED: Sven Erick Carlson (Type or Print)	(Last) 4. DATE (Month) OF DEATH:	(Year) 19
hale WRACE: WIOOWEO, OIVORCED, (Specify): single Jan ]	11,1 31 1 7 yrs.	ays Hours Min.
work done during most of working life, even if retired): contractor Hauling	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
? Carlson	? ?	
IS. WAR DECEASED EVER IN U.S. ARMED FORCES?   18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service) none 215-32-1325	ins Larbdin 910 Ditable.	নাৰ চৰু,
18. MEDICAL GERTIFICATION DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
OUE TO	gootaens	about 15 min.
ANTECEDENT CAUSE (\$)	in domain management Discours	
STATING UNDERLYING CAUSE LAST.	ive Cardio-vascular Disease	about 3 yrs.
(c) Influenza		4 days
TO THE GEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING DEATH,	de Manu-Tupo, Nill and shoot soon deep	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N .	20. AUTOPSY?
	_	YES NO
21A ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF OEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County etc. INJURY OCCUR?	y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work I	21F. HOW OIO INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Lay 1	7., 1955, to OCt. 25, 1955, that I last	saw the deceased
alive on Oct. 24., 1955, and that death occurred at SIGNATURE		stated above.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	p. 516 Gathedral St. Oct.  ERY OR CREMATORY   LOCATION (City, town, or adval Court   Daltamore, in	
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADORESS

Balto.

7000 E.

Supply every item of information carefully. The

RESERVED FOR BINDING

UNFADING INK.

OR WRITE PLAINLY, WITH

TYPE

PLEASE

- 10 - 53

CERTIFICATE OF DEATH

Reg. Dist. No.

<u> </u>	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	:			
legibly	COUNTY, 2 attimore MARYLAND	STATE Md. COUNTY 137	h+1-			
le	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL as				
and	TOWN I (In this place)	TOWN LIUNDALIC. YV	E-S			
	HOSPITAL OR	STREET (If rural give location)	1			
clearly	ASTREET ADDRESS 88 Baltimore Ave.	ADDRESS 88 Banto. Aus	′			
cle	3. NAME OF (First) (Middle)					
death	DECEASED	OF	(Year) 3 19 V			
of de	RACE: WIDOWED DIVORCED.	of BIRTH: 9. AGE last birthday 15 UNGER 1 Y	EAR   IF UNDER 24 MRS.			
	TO THE STATE OF TH	26, 1881 74 yrs.	CITIZEN OF WHAT			
causes	work done during most of working life. OR INDUSTRY:		COUNTRY?			
	even if retired): 1 /SICIAN SLAF [mp	1 Md.				
the	13. FATHER'S NAME:					
te	Thomas Carmine	Mary F. Stevens				
write	(Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS: Dun	dalk, Md.			
	no of service)	Mrs. Anita S. Carmine - 88 B	alto. Ave.			
please	18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN			
[Q	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH			
50	IMMEDIATE CAUSE (A) (O Ron	an Ceccusin'	10 nls.			
an	DUE TO	,				
Physicians	DISEASES OR CONDITIONS, IF ANY. (B) MYO CA	ay Ceclusini relatis, Chronic.	2.3 MAR.			
hy	I GIVING RISE TO THE ABOVE CAUSE THE TO					
	STATING UNDERLYING CAUSE LAST.					
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
rts	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
ubc	194 DATE OF OPERATION:   198. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?			
- 23	1.150		YES NO F			
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact	tory. 21c. WHERE DID (City or town) (County	y) (State)			
eci	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY M. 21E INJURY OCCURRED White Nork at work at work	2 21F. HOW DID INJURY OCCUR?				
100	22. I hereby certify that I attended the deceased from 1. 19 19 10 10 11 19 1, that I last saw the deceased					
200						
	alive on 1. 12., 195., and that death occurred at	A M, from the causes and on the date s	stated above. E SIGNED			
orrect	(1) 2 m/s m/s	. D. Dunday - 2 md - 10/13	1.5			
COL	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY   LOCATION (City, town, or	county) (State)			
	REMOVAL (SPECIFY)					
	Burial 10/15/55 Denton Cer		APPRESS MA			
	REGISTRAR,	TAL FUNERAL DIRECTOR	· Bulla			





VS. A15A - 5 - 53

#### AND STATE DEPARTMENT OF HEALTH\_RALTIMORE

Reg. Dist.

MARYL	AND ST	ATE D	EPARTME	NT U	F HEAL	TH—	-BALTI	MORE,	18
THE TAX A TOTAL TO	e waxe	A TRACKS	PARTETY	CIT	STAPPICTS	TOTA	Z23 T-3	OTT	TICN YES

COL	MEDICAL EXAMINER'S CERTIFICATE OF DEA	TH No. 7/
0	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASE	ED:
E 5	COUNTY Baltimore MARYLAND STATE Md. COUNTY B	altimore
fully.	CITY (If outside corporate limits, write RURAL CITY (If outside corporate limits write RU OR and give nearest town)  OR and give nearest town)  OR TOWN  Dundalk	RAL and give nearest town)
. BINIING every item of information carefully. The causes of death clearly and legibly.	HOSPITAL OR (If rural, give to ADDRESS 7501 German Hill Road STREET ADDRESS 7501 German Hill	
matio	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) DECEASED: (Type or Print) HENRY E (ARROLL DEATH OCT.	(Day) (Year) 17 1955
infor	5. SEX: 6. COLOR OW 7. SINGLE. MARRIED, 8. DATE OF BIRTII: 9. AGE last birthday: 15 May 8, 1887   5. AGE last birthday: 15 May 8, 1887	under I year if under 24 Hrs. onths Days Hours Min.
BINIING very item of e causes of	10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Nurseryman   Colgate Nursery   Virginia	ry): 12. CITIZEN OF WHAT COUNTRY? U.S.A.
y it	13. FATHER'S NAME:  Edward Carroll  Laura Napi	0.14
BIL	Edward Carroll	et.
OR B	(Yes, no, or unk.) (If Yes, give war or dates of	0
E 5 3	no   Millia Siliton, dgirt, 714 quali	St., Zone 24
made it is	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
N N S	II. DISEASES OR CONDITIONS DIRECTLI LEADING TO DEATH:	ONSET AND DEATH
RESERVEE NG INK. Su is: please wa	Immediate cause (a) Monany Vector	
S C	DUE TO	
	Diseases or conditions, if any, (b)	
S. P.S.	giving rise to the above cause DUE TO	
P. F. S.	stating underlying cause last (c)	
MARGIN RI H UNFADINC t. Physicians:		
Eg	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
₽F		Yes 🗌 No 🔼
LY, in	21a. EXTERNAL CAUSE WAS 21b. PLACE (Home-farm, factory, PRIMARY   or CONTRIBUTING OF street, office bldg., etc., INJURY (County)	(State)
LAIN	21d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED While at Not while at work [	
T P	22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspec	
E E	find that death resulted from: Natural causes , Accident , Suicide , Homicide ,	Undetermined cause
WRI ge is	SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAMINE	B 8/2/5/5-
LEASE WRITE PLAINLY, WITH age is especially important.	23. Burial, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY Burial 10/20/55 Oak Lawn Cemetery Baltimore,	Md.
E	DATE REC'D'BY LOCAL REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR Schimunek Funeral Home, I	nc. ADDRESS



### CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMEN	T OF HEALTH-BALTIMORE, 18
9422 CERTIFICATE	OF DEATH 09409 Reg. Dist. No. 40
COUNTY  CITY (If outside corporate limits, write RURAL COUNTY COR and give nearest fown)  HOSPITAL OR INSTITUTION OR STREET ADDRESS  MARYLAND  LENGTH OF STAY (in this place)  45 45	STATE  COUNTY  CITY (If outside corporate limits, write RURAL and give nearest lown)  STREET  STREET  ADDRESS  (If rurel give location)
3. NAME OF (Type or Print)  5. SEX 6. COLOR OR PACE (Specify)  100. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)  13. FATHER'S NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, or unk.)  16. SOCIAL SECURITY NO.  17. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)  18. DATE OF WIDOWED, DIVORCED, (Specify)  19. NAME OF EUSINESS OR INDUSTRY  19. SOCIAL SECURITY NO.  19. MEDICAL CERT  19. MEDICAL CERT  19. MEDICAL CERT	SIRTH  9. AGE last burthday  Whonths  15 UNDER 1 YEAR  16 UNDER 24 HIF  18 IF UNDER 24 HIF  Whomphs  10 Days  Who and a poly in the property of the property o
ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	- selword 242
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.)	20. AUTOPSY? YES NO (State)  TI. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from efficiency of 20, 1953, and that death occurred in SIGNATURE	

death certificate be executed within

hours after death.

SICIAN OR HOSPITAL: The law requires that the

ATTENDING PT SICIAN OR HOSPITAL: The law requires that The bottom comy may the retained by the hospital or attending physician.



## 9423 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH No. 33
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Baltimore MARYLAN	b state Maryland county Baltimore
CITY (If outside corporate limits, write RURAL OR and give nearest town) (in this p	
HOSPITAL OR INSTITUTION OR Main Street	STREET (If rural, give location)
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Andre	Cere   4. DATE (Month) (Day) (Year) OF DEATH Oct. 2 19 55
M. RACE: W. WIDOWED WING CED	8. DATE OF BIRTH: April 20,1901   9. AGE last birthday: IF UNDER I YEAR   IF UNDER 24 H   April 20,1901   54   Months   Days   Hours   Mis
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSIN work done during most of work life, INDUSTRY:  even if retired): Farmer Employee	NESS OR 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WIR COUNTRY? UNKNOWN
II. FATHER'S NAME: Unknown Cere	14. MOTHER'S MAIDEN NAME: Helena Cere
16. Was Deceased Ever In U.S. Armed Forces? 16. Social Security (Yes, no, or unk.) (If Yes, give war or dates of No service) 215-32-252	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  (a)  DUE TO  Antecedent cause(s)	ral Hemorrhage  20 min
Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Restrob Intoxication 1 hrs
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERA	10101D1:
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office b CAUSE OF DEATH.	, factory,   21c. (City or town) (County) (State)
OF (Hour) (Hour) 21e. INJURY OCCUR While at Not	
find that death resulted from: Natural causes .,	described above, held an Autopsy , Inspection , Inquiry , a Accident , Suicide , Homicide , Undetermined cause CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.
Burial Oct.5,1955 All Sa	eints Cemetery   Location (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAN'S SIGNATURE REG. () - 5.55	24. FUNERAL DIRECTOR ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important, Physicians: please write the causes of death clearly and legibly. VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING



Gir.

VS. A15

The correct age

9424

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

09411

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	
Dalling y e MARYLAND	Maryland	Boltimore
OR give nearest town)  TOWN  CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)  TOWN  TOWN  TOWN	OR CITY (If outside corporate limits, write RURAL and give	nearest town)
Y TOWN give nearest town) Middle River (in this place)	TOWN MUYOL Middle Ri	HER X
HOSPITAL OR INSTITUTION OR	STREET ADDRESS (If rural, give location)	
00 STREET ADDRESS / Connass Nd.	7 Compass Ad.	
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month)	(Day) (Year)
(Type or Print) Ar/en/a 5. C.	herry DEATH Oct.	27. 1953
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED,	8. DATE OF BIRTH 9. AGE isst birthday II under I	
	10471.10, 1087	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	II. BIRTHPLACE (State or foreign country)   12.	CITIZEN OF WHAT
HOUSewife AT Home	1 rennsylvania	OUNTEY? S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
David Stone braker	Alice Baughman	
15. Was Decrased Ever In U.S. Armed Forces?   16. Social Security No. (Yes, no, or unknown)   (If yes, give war or dates of	17. INFORMANT AND ADDRESS	1
No service) None-	Charles H. Cherry - 7 Compass Nd	,
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
155 X	1 (milled and a	1 1000
Immediate cause (e)	wine 11 100 to acan	W
Antecedent cause(s)		
Diseases or conditions, if any, (b)	- 4 1 A A A A A W W W W W W W W W W W W W W	
giving rise to the above cause stating the underlying cause last		H <sub>1</sub>
(c)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSYI
in of 12.13		Yes [] No Ø
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR!	
OF INJURY  D. While at Not While Work At work		
	- Ca A of Fil	
22. I hereby certify that I attended the deceased from	, 190 3, to C, 195 3, that I last saw	
alive on 19 - 195 and that death occurred at	-1710	the deceased
anve on the country and that death occurred at	/' V   we from the ensure and on the date of the	
SIGNATURE (Degree or title)	ADDRESS	ed above.
SIGNATURE (Degree or title)	ADDRESS	
SIGNATURE MOMENTAL MO	FOO F Willige und 16	ed above.
SIGNATURE: (Degree or title)  23. BURIAL, CREMATION   DATE THEREOF   NAME, OF CEMETE!	FOO F Willige und 16	ed above.
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REPROVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county)	ed above. DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	FOO F Willige Und 16	ed above. DATE SIGNED

OR WRITE PLAINLY, WITH UNFADING INK.

TYPE

PLEASE

- 10 - 53

	7
12	

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 19412 0/25

CERTIFICATE OF DEATH

	2540	neg. Dist.	140.	
<u>&gt;</u>	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	);	
gip	COUNTY Baltimore MARYLAND	R		
and legibly	CITY (If outside corporate limits, write RURAL LENGTH OF STAY on and give nearest town)  COWN Catonsville  28 days	CITYIIf outside corporate limits, write RURAL a OR TOWN Relay	nd give nearest town)	
death clearly a	HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital	STREET (If rural give location) ADDRESS 4923 Cedar Avenue	7	
ਹ ਹ	DECEASED:	Granta OF Oatobers	17, (Year)	
Jo	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday I VUNDER ! V 6- 1878 77 yrs.	EAR IF UNDER 14 HRE.	
causes	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life, even if retired): None		SA WHAT	
please mente the	13. FATHER'S NAME: Aaron Clark	Mary Francois		
	(Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS: Records Spring Grove State Hos	nital	
2	No   of service)   Unknown		hr 007	
Physicians ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  492 X  (MMEDIATE CAUSE  ANTECEDENT CAUSE (5)  DISEASES OR CONDITIONS, IF ANY. (B)		ONSET AND DEATH	
	STATING UNDERLYING CAUSE LAST.			
ņ.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
important.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Generalize	d_arteriosclerosis		
	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY7	
especially	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (Count, etc. INJURY OCCUR?	y) (State)	
is esp	OF INJURY M. 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	· · · · · · · · · · · · · · · · · · ·	
correct age	22. I hereby certify that I attended the deceased from 9-19- alive on 10-17 , 1955., and that death occurred at SIGNATURE SIGNATURE	10:40AM from the causes and on the date s	stated above.	
COL	23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETE REMOVAL (SPECIES)  DATE REC'D BY LOCAL REGISTRAB SIGNATURE	Catonsville 28 Maryland	0-17-55 county (State)	
	DATE RECED ST LOCAL RESISTRATE SIGNATURE	THE PURENT DIVINE ! OR	ADDRESS	

	F -	9426 CERTIFICATI	E OF DEATH Reg. Dis	i. No.
يم حضي	fully.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
15.2	carefully.	COUNTY Baitc MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	STATE Mile COUNTY CITY(If outside corporate limits, write RURAL	and give nearest town)
		OR and give nearest town) (in this place)  STOWN Catonsville	TOWN Baltimore	3 401-4
	item of information of death clearly and	HOSPITAL OR Shady Nock Nursing Home STREET ADDRESS 102 N. Rolling Rd.	STREET (If rural give location) ADDRESS 130 Drury Lane	
	m of in death c	DESTACED	ARKE DEATH: CCt.	(Day) (Year) 26, 19 55
	_	5. SEX:   6. COLOR OR 7. SINGLE, MARRIED,   8. DATE   RACE:   WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1	VEAR IF UNDER 24 Mre. Days Hours Min.
70	every	work done during most of working life, even if retired): housewife at home	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
	Supply te the c	13. FATHER'S NAME:	Indiana	
BIN	K. Sup write t	John Rhineschild		
FOR BINDIN	INK.	(Yes, no, or unk.) (If Yes, give war or dates	Mrs. M. R. Clifton-109 Parks:	urgh 34, Penns ide Ave.
		18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
iii	ZZ	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
RESERVED	ADING ns: plea	IMMEDIATE CAUSE (A) Cerebras	Memorpage in Cardio Vosenlas Dieus	14 de.
ESS	TH UNFA	ANTECEDENT CAUSE (B)	. 1 1 = 1 1 11	1
ARGIN R	1 2031.(3/			
RG	WITH it. Phy	(c)		
A	- 55	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
	INLY	194. DATE OF OPERATION:   198. MAJOR FINDINGS OF OPERATION	N	
(-)	7			20. AUTOPSYT
	WRITE PI especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	(State)
	> m	OF INJURY	21F. HOW DID INJURY OCCUR?	
	ge 0]	22. I hereby certify that I attended the deceased from 8-16		
- 53	TYPE	alive on 10 - 26 , 1955, and that death occurred at SIGNATURE	7-15/4 M, from the causes and on the date	stated above.
10			ERY OR CREMATORY   LOCATION (City, town, o	r county) (State)
A15-	EASE	REMOVAL (SPECIFY)	He Maus. Woodlam Md.	, courty (country)
N Si	PLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE.	24. FUNERAL DIRECTOR	ADDRESS MUL
		16/2-4	The state of the s	



SIGNATURE

DATE REG'D BY LOCAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. COUNTY CITY(If outside corporate limits, write RURAL and give nearest town) (If rural give location) (Month) (Day) (Year) 196 DEATH: 9. AGE last birthday IF UNDER 1 VEAR IF UNDER 24 HRS Days Months | Hours 112. CITIZEN OF COUNTRY U.S.A. INTERVAL BETWEEN ONSET AND DEATH

20.

(State)

(County)

. 1957, that I last saw the deceased M, from the causes and on the date stated above.

DATE SIGNED

LOCATION (City, town, or county)

24. FUNERAL DIRECTOR



/n	2	0.400	PARTMENT OF HEALTH	10404
Ct. age	1	CEDTIFICAT		Reg. Diat. No 30
OTTP	770	Items 2,6 Film (191 1-19-56 et CERTIFICAT	2. USUAL RESIDENCE (HOME) OF	
TA	bly.	County 2 Dellemon	(For newborn infants give residence of me	ther)
A	and legibl	City or town (tf outside city or town nants, write RURAL and give nearest town)	State Unknown County	
5		How long in above place of death?	City or town(If outside city or town limits,	write RURAL and give nearest town)
	arly	Hoods Con value and I tome	Street No	OCATION)
Ę.	o cle	bow long in hospital or institution?	2.(a) If veteran, name war	PALLANA A4
07.40	of death clear	3. (a) FULL NAME Clara Rolley		3. (b) Social Security Number
		Sex 5. Color or race 8.(4)Single, married, widowed, or divorced	MEDICAL CER	RTIFICATION
ING.	causes	temale W. Unknown	20. DATE OF DEATH Get 21	1 33- 320/
BIND	5	8.(6) Name of husband or wife	21. 1 CERTIFY that death occurred on the date above	stated; that i attended deceased from
OR J	ite The	7. Buth date of	and that I last saw h. A. Lalive on	Y 20 15
	eame wr	deceased (mo., day, yr.)  8. AGE: 6 Years   Months   Days   If less than one day	immediate use of death 5/Bres	S CA
VE	east	84hrsmin.		
SSER	d .st	3. Birihpiace	Due to	est he
	Physicians	· 10. Usual occupation	Due to	* **
2	hys	11. Industry or business	120000000000000000000000000000000000000	Meta tain
MAB	iii .	H 12. Name	Other conditions	1 10 200
	ngood.		(Include pregnancy within 3 mo	ntha of denth)
111	import	H 14. Maiden name	Major fiediogs of operations	Date of op
F	7,	16. Informan1	Autopsy results	
	ecial	Address	PHYSICIAN: Please underline the cause to which	
y 2	espe	T. Cremation Date thereof Nov. 8, 1955 (month) (day) (year)	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	
10 5	a -	жжжжжжж Univ. of Md. Medical School	Where did injury occur?(City or town)	(County) (State)
4 55. FT 0	W KII	Location 29 South Greene St.; Balto. 1, Md.	Injured at home, farm, Industry, public place (where	***************************************
-		18, Funeral director	Means of Injury	7 Injured at work?
415	ANT	Address	Haus Os	Lawred!
VS V	177	13. Nov. 10, 1955 13 Preto 6. Harry	23. SIGNLEWICK	M. D. or other
		(Dato rec'd by registrar) Registrar	Address	. Date signed



### MARYLAND STATE DEPARTMENT OF HEALTH

9429

## CERTIFICATE OF DEATH

rect	· · · · · · 9429 · · · CERTIFIC	ATE OF DEAT	`H	
d correct	Item 7.Film. 187 10-19-05 et FOR MED	ICAL EXAMINERS	Reg. Dist. No	35
Th	1. PLACE OF DEATH-	2. USUAL RESIDENCE (I	HOME) OF DECEASED.	7
olly.	CITY (If outside corporate Hints, write BURAL and LENGTH OF OR give nearest town)	STAY CITY (if outlide corpor	ate limits, write RURAL and giv	
arefu legib	TOWN HOSPITAL OR	TOWN KEAGE	(Af gural, give location)	
and I	STREET ADDRESS JOEVS /Ed.	ADDRESS 6/6	Houndaryt	Blod:
natic arly	3. NAME OF (First) (Middle) DECEASED (Type or Print) Cuttu arthur	(Last)	4. DATE (Month) OF DEATH (2.4.	(Day) (Year)
of information carefully death clearly and legibly.	5. SEX  6. COLOR OF RACE  7. SINGLE, MARRIET WIDOWED. DIVORC (Specify)	B. DATE OF MINTH	9. AGE last birthday   If under	
of i	10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Busines done during most of working lifet eyen if retired) INDUSTRY	s or   II. BIRTHPLACE State of		CITIZEN OF WHAT
item s of	13. FATHER'S NAME	HALL MOTHER'S MALDEN	173cd	COUNTAYING SA.
ery	James Corngton	amanda	Jents.	
Supply every item write the causes of	15. WAS DECRASED EVEN IN U.S. ARMED FORCES? /16. SOCIAL SECURITY (Yes. 20. or unknown) / (If yes. glyc war os dates of 3/8-14-6)	144 Carsoll Full 8	Jones Letello	ld ill.
uppl	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	AL CERTIFICATION		INTERVAL BETWEEN
S. S	B124 CALL	shall con	6. 1 4.4	ONSET AND DEATH
INK. S	Antecedent cause(s)	skull, Com	, many	magazitak dakitik takimpur, santa probahamaniyososon inkilikir y
UNFADING t. Physicians:	giving rise to the above cause /	um ex trival		
ADI	stating the underlying cause fast //c)			}
FN.	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
rtant	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERAT	ION		20. AUTOFSYT
WITH	21. FXTERNAL CAUSE WAS PLACE (Horne, farm, factory, PRIMARY On CONTRIBUTING OF office hidg, stc.)	street, (CITY OR 7	rown) (COUNTY)	(STATE)
	TIME (Month) (Day) (Year) (Hour)   INJURY/OCCURRED	HOW DID INJURY OC	CUR! (Lally.	Ind
PLA1NLY especially	OF INJURY 8-1. 3 1955 6 m. While at work at work	e Struck to	antomble	
E PLA1 is espec	22. I certify that I took charge of the remains described above, hel obtained by said Autopsy, Inspection or Inquiry, find that sai	d an Autopsy ], Inspection I	Inquiry thereon and f	from the evidence
<u></u>	from: natural causes ], accident L suicide ], homicic SIGNATURE (Degree or title)	de , undetermined	a woodily cittle deciding the lively	DATE SIGNED
WE	(1. m. trance by D.	L'ar letren	- hid 14	10/5-5
ASE	23. IT RIAL CREMATION DATE THEREOF NAME OF CE	METERY OR CREMATORY	OCATION (City, town, or count	(State)
PLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTO	R CO - M	ADDRESS

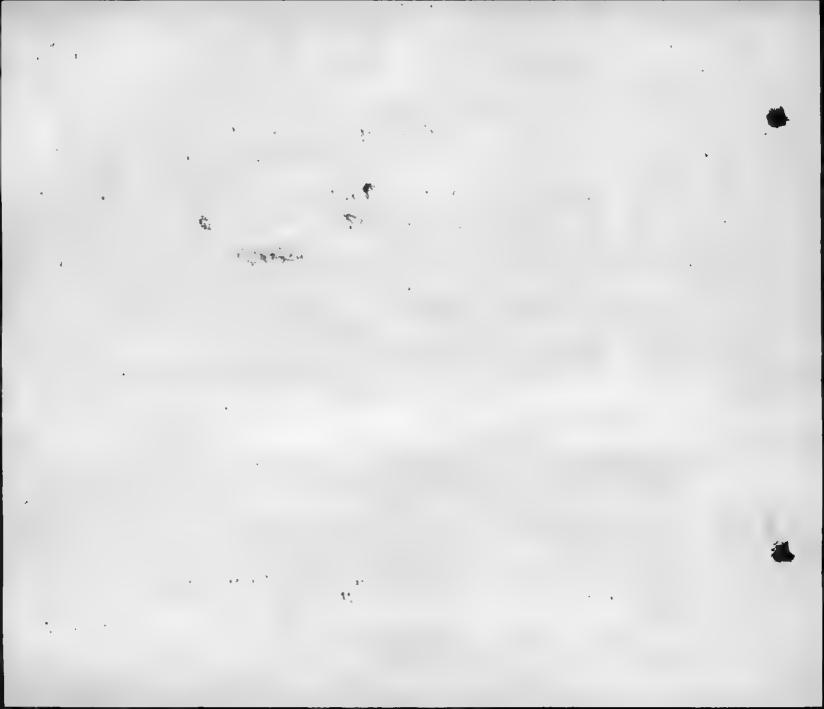
250

MARGIN RESERVED FOR BINDING

CON Con t

14.

, (



TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

A15C 1-55 10M

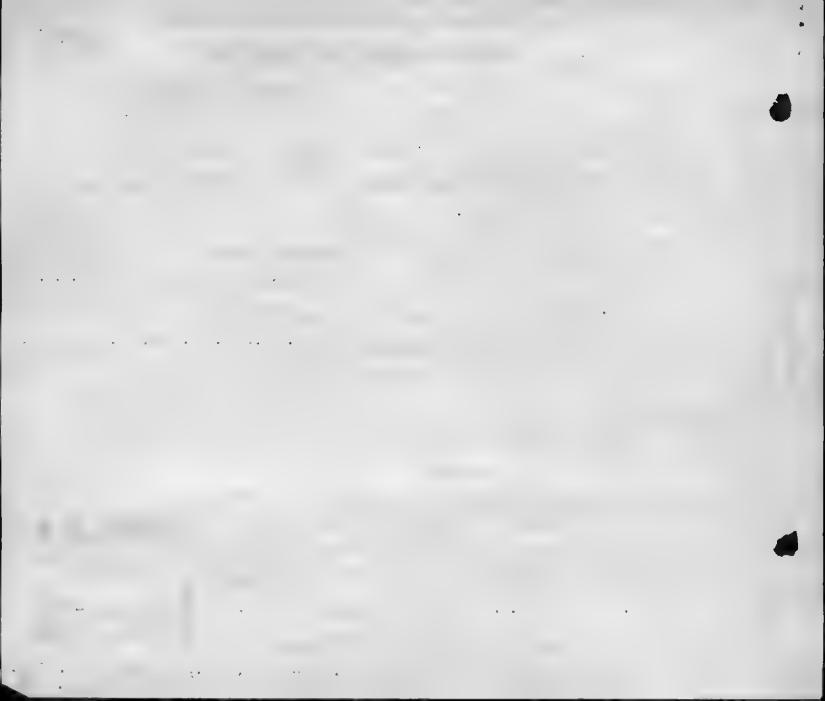
### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### CERTIFICATE OF DEATH 9431

09417

Md.

I. PLACE OF D	EATH				2. USUAL RESIL	DENCE (HOME)	OF DEC	EASED	
COUNTY Ball	timore		MARYL	AND	STATE Mary	and co	UNTY :	Delitions.	440
	corporate fimits, write R	URAL	LENGTH O	FSTAY	CITY (If outside o	orporete limits, write l	URAL end	give neerest tov	vn)
	t Howard		93 D	avs	TOWN Balti	more			3401-4
HOSPITAL OR	O HONGE C		1 //		STREET		rurel give k	aretion)	51401 *4
INSTITUTION OR					ADDRESS	_			
# SIKEEL ADDRESS	Veterans A	dminis		ospital	2537	Greenmoun			
3. NAME OF DECEASED	(First)		(Middle)		(Lest)	4. DATE	(Month)	(Dey)	(Yeer)
(Type or Print)	REUBEN		D.	T	AVIS		H Oct	ober 26	19 55
5. SEX   6.	COLOR OR   7	. SINGLE, M	ARRIED,	8. DATE O		9. AGE lest birt		F UNDER 1 YEA	
36.7-	RACE	WIDOWED	, DIVORCED,	2/2	101	10		onths Deys	Hours Min.
Male	White		Widowed	1/3		69	ALR	1	
10e, USUAL OCCUPAT	ION (Give kind of wor of working life, even	rk 106. If	KIND OF BUSINES OR INDUSTRY	5	11. BIRTHPLACE (State or	foreign country)			IZEN OF WHAT
refired Roof					Baltimore,	Maryland			U.S.A.
13. FATHER'S NAME				,	14. MOTHER'S MAID			· · · · · · · · · · · · · · · · · · ·	
Thomas - ea	m Danie				26	- T3			
IS. WAS DECEASED E	T. Davis	FORCES	16. SOCIAL SEC	IBITY NO	17. INFORMANT	Forney			
(Yes, no, or unk) (II			10. SUCIAL SEC	OKITT NO.					
Yes	WI	,	Unknow	n	Clin.Red	Vet.Adm	.Hosp	.,Ft.Ho	ward, Md.
1 DISEASES OR CON	DITIONS DIRECTLY 157	DING TO DE	18, MEI	DICAL CER	TIFICATION				NET AND DEATH
	DITIONS DIRECTLY LEA	IDING TO DE							
32/X IMMEDI	IATE CAUSE	(A)	TELL CELLE	BRAL H	MORIRHAGE				VK NOVA
ANTECED	ENT CAUSE(S) DU	E TO							
DISEASES OR CONDIT		(8)							
GIVING RISE TO THE STATING UNDERLYING	G CAUSE LAST. DU	E TO							
		(C)							
II OTHER SIGNIFICANT	T CONDITIONS CONTR NOT RELATED TO THE								
	TION CAUSING DEATH								
19e. DATE OF OPERAT	TION 19b, /	MAJOR FINDI	NGS OF OPERATION	4				T	20. AUTOPSY?
									ES NO
218. ACCIDENT WAS			Home, farm, fectors eat, office bldg., etc		1c. WHERE DID INJURY OF	CCUR? (Cily or fown	}	(County)	(State)
(IF EITHER, NOTIFY MED			out, office onegr, of						
21d. TIME OF INJURY	(Month) (Dey) (Ye	ar) (Hour)	21e. INJURY OCCU	JRRED :	RIF, HOW DID INJURY OF	CCUR?			
		M.		work					
22. I hereby co	artify that a attac	ded the d	ecossed from all	11 TV 25	, 19.55, to.Q.	toher 261	٠ <u>۲</u> ۲ -	Wastrivisaes	racovitica: visuosenes
		,	4						
PartoKA Tulne		A A A A A A A A A A A A A A A A A A A	and that death	occurred at.	.9.230P.M, from th	ne causes and or DDRESS (Siree), i			ove. Da <b>te signe</b> i
11/0/11/1	TUIN	MIL							
William B.		M.D	1	M.D. VA	H. FORT HOWA	ARD, MARYI	AND	10-2	7-55
23. BURIAL, CREMATI REMOVAL_(SPECH		HEREOF [	NAME OF	CEMETERY OR	CREMATORY	LOCATION (C	ity, town, o	r county)	(Stote)
Burfal	Oct	31 19	255 Balti	more Na	tional	Baltimo	re. M	arrel and	1
24. REC'D BY REGISTR	RAR REGISTE	AR'S OGNA		4	25. FUNERAL DIRECTO	R'S SIGNATURE	416 621	ADDRE	38
1 + 20	1055		4 4	la.	116 6 1 221	-1 k %	6000	II am Care	י דנים אם ו
. 11		assessed	L. Far	ben	1'm Cook_Rli		, .		



2411 N. Charles Street, Baltlmore

### CERTIFICATE OF DEATH

Reg. Dist. No.-3

0		
	O Tack	9432
1 E	1. PLACE O COUNTY	BALLIMOR
	X TOWN	outsido corperate ilmita, write ve nearest lown)
VED FOR BINDING	OR GITTOWN HOSPITA OF INSTITUTE STREET TOWN HOSPITA OF INSTITUTE STREET TOWN OF INSTITUTE OF INS	ADDRESS O // /
	3. NAME O DECEASE (Type or I	Print) CORA
<u>.</u>	S SEX	6. COLOR OR RA
J. C.	don-duing	most of working hie, even if ret
BIND	13. FATHER	John PR
FOR BINDING	15. WAS DE	CRASED EVER IN U.S. ARMED F (If yes, give war or bervice)
/ED	i. disease	S OR CONDITIONS DIREC
ESER	As 6	imediate cause
	7 23.1	ntecedent cause(s) seases or conditions, if any, ring rise to the above cause ting the underlying cause last
MARGIN I	11. OTHER Condition	SIGNIFICANT CONDITION is contributing to the death but the disease or condition causin
	19a. DATE	OF OPERATION 19b. MA.
	21. ACCIDE SUICID HOMIC	IDE
	TIME OF INJURY 22. I here	(Month) (Day) (Year) (He
	22. I here	by certify that I attende
S. A15	alive of SIGNA	
15	23. BURIAL RISSOV	24 (Specity) 10-1
S. A1	DATE REG.	OE 55 REGISTR

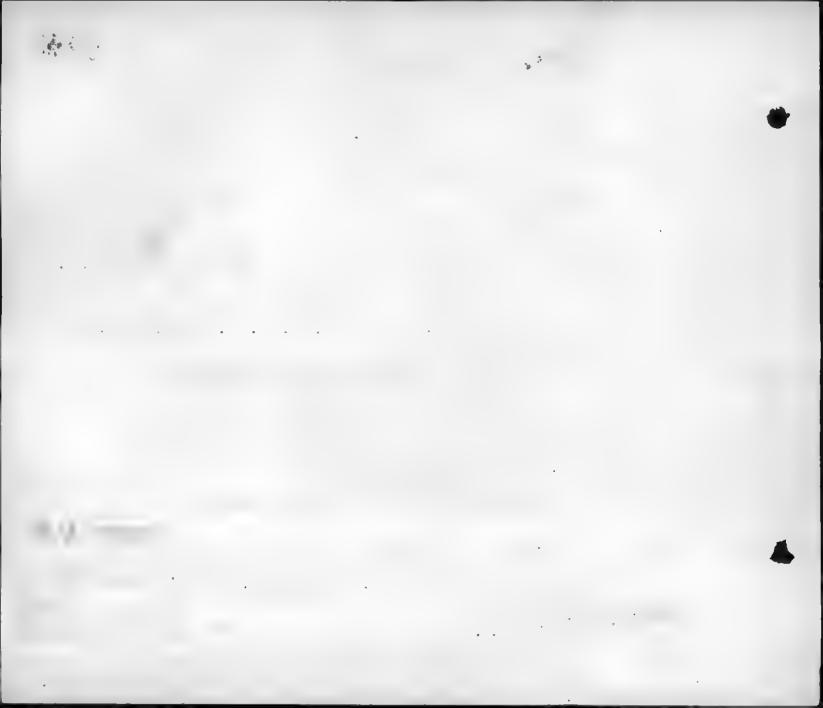
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
DALIMORE MARYLAND	MAKGLANA	
CITY (if outside competate finits, write RURAL and LENGTH OF STAY OR give nearest fown)  OR give nearest fown AR AU LLE (in) this place)  TOWN	CITY (If outside corporate Mmits, write RURAL and give	nearest town)
	STREET AG rural, give location)	
MOSPITAL OR OF STREET ADDRESS 2915 Robern Ave	STREET ADDRESS 2915 Robern	Ave
3. NAME OF (First) (Middle) DECEASED (A)	(Month)	(Day) (Year)
(Type or Print) COMM	DEATH Ocl	6 1953
5. SEX  6. COLOR OR RACE  7. WIDOWED, Discrete, (Specify)	1700. 13 1874 80 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or done-duing most of working his, wear if retired) INDUSTRY # # # # # # # # # # # # # # # # # # #		CITIZEN OF WHAT
13. FATHER'S NAME DR 7 / TY	14. MOTHER'S MANDEN NAME	
John Michell	MARGARET MOTHE	17501
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no Avy vaknown) (If yes, give war or dates of service)	MRS Lloyd & Dear 2915 Robe	RM ALR.
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	. 0	INTERVAL BETWEEN ONSET AND DEATE
4+2X Cosolinal	Tasembosis	2 Whs
Immediate cause (a)	1. 2. 111-111 A 112-1111 A 1111 A 11	
Antecedent cause(s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last	thrombosis to cardiovoseven penal dision	10 yrs
(e)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY1
		Yes   No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  NJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m.	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from april	4, 1940 to OCF 6, 19 55, that I last sa	w the deceased
the state of the s	. 3 / . 2-8	
alive on	7m., from the causes and on the date sta	DATE/SIGNED
alesse mal	6217 Harford Rel Baltimos	hol
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE RISSOVAL (Specify) 10-16-5 - NAME OF CEMETE	RY OR CREMATORY LUCATION (Con town or county)	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 10/8/35 (2008)	Chas T EVANSY SIN 8802 HA	ADDRESS Rd.

\* De. E. J. Alessi 6211 Harford Pd

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

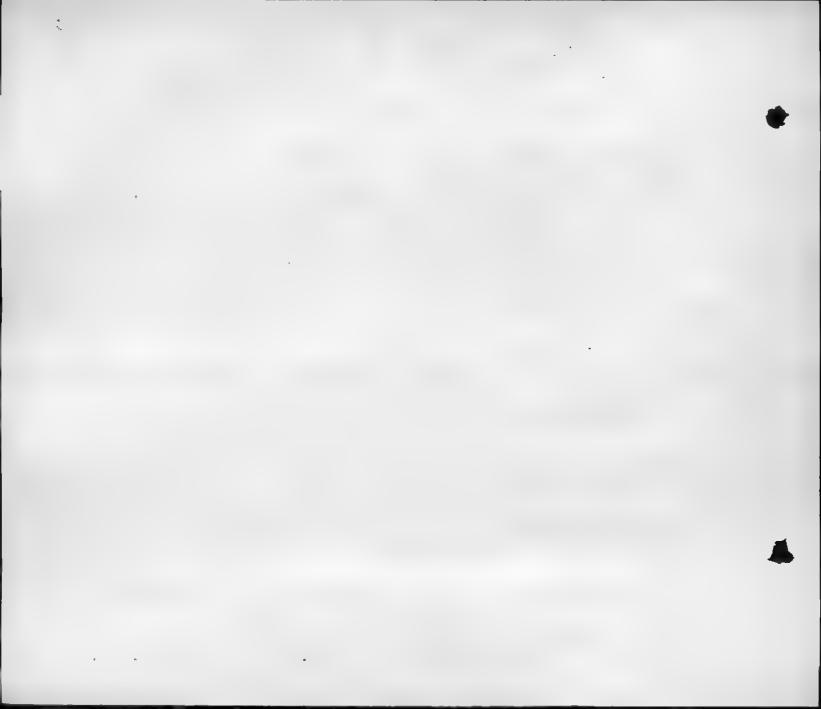
Reg. Dist. No.

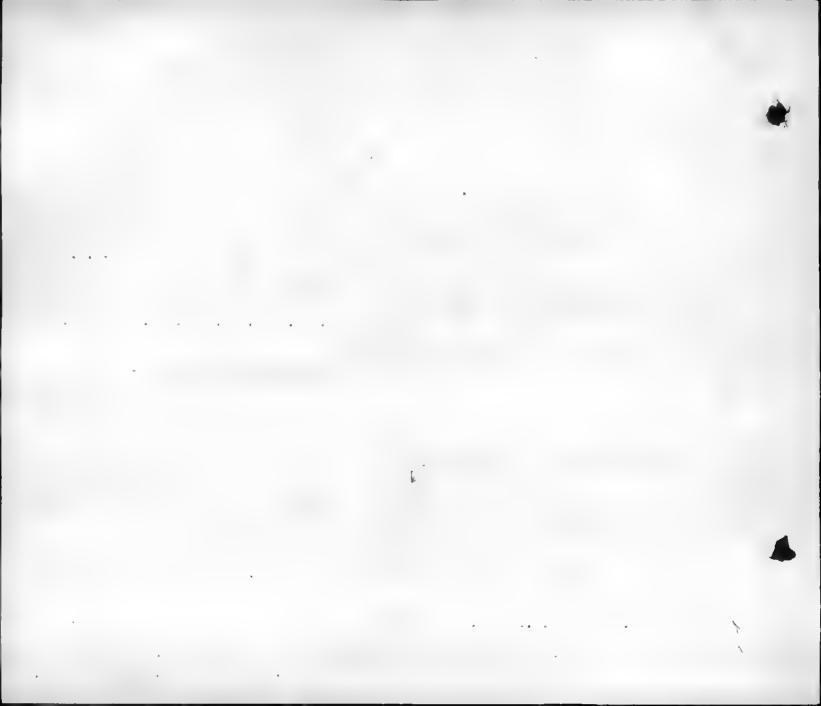
. The	9433 CERTIFICATE OF DEATH Reg. Dist. No. 7
y.	1. PLACE OF DEATH:   2. USUAL RESIDENCE (HOME) OF DECEASED:
information carefully.	COUNTY BALTIMORE MARYLAND STATE MARYLAND COUNTY DORCHESTER  CITY (If outside corporate limits, write RURAL limits, write RURAL and give nearest town)  OR and give nearest town)  TOWN FORT HOWARD 7 HOURS 35 M.  HOSPITAL OR INSTITUTION OR STETERANS ADMINISTRATION HOSPITAL  STREET ADDRESS (If rural give location)
ITH UNFADING INK. Supply every item of Physicians:lemse write the causes of death	S. NAME OF DECEASED: (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED: (Type or Print) DUDLEY R. DEMBY DEATH OCTOBER 2 1955  5. SEX: 6 COLOR OR 7. SINGLE. MARRIED. RACE: WIDOWED. DIVORCED. (Specify): MARRIED. 10-18-26 28 yrs. Months Days Hours Min. (Specify): MARRIED. 10-18-26 28 yrs. Months Days Hours Min. OR INDUSTRY. SELF EMPLOYED FAST NEW MARKET MARYLAND U. S. A.  13. FATHER'S NAME: JAMES DEMBY  15. WAS DECEASED EVER IN U.S. ARMED FORCES! (Security No. 218-16-675L CIJN.REC.VET.ADM.HOSP.FT.HOWARD, MARYLAND INTERVAL BETWEEN AND DEATH ONSET OF THE ABOVE CAUSE LAST.
PLAINLY, WI	(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
A is	YEST NOT
TE	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PLEASE TYPE OR WRI	21. I hereby certify that Kattended the deceased from OCT. 1, 1955, to OCT. 2, 1955, XMA AVAILABLE BY LOCATION.  22. I hereby certify that Kattended the deceased from OCT. 1, 1955, to OCT. 2, 1955, XMA AVAILABLE BY LOCATION.  23. BURIAL, CREMATION.  DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)  BURIAL  DATE RECO BY LOCATION OCT. 5, 1955 EAST NEW MARKET CEMETERY EASE NEW MARKET, MARYLAND  DATE RECO BY LOCATION ADDRESS  REGISTRAR  ADDRESS  REGISTRAR  ADDRESS  ADDRE



# 0-53

	a	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	9420
	'. The	9434 CERTIFICATE OF DEATH Reg. Dist.	No. 35
	ulls	1. PLACE OF DEATH:   2. USUAL RESIDENCE (HOME) OF DECEASED:	
M	tion carefully and legibly.	CITY (If outside corporate limits, write RURAL   LENGTH OF STAY   CITY(If outside corporate limits, write RURAL and on the corporate limits, write RURAL on the corporate limits and the corporate lim	d give nearest town)
	formatic learly a	HOSPITAL OR 7912 Ruxway Rd.  HOSPITAL OR 7912 Ruxway Rd.  STREET ADDRESSOren SOn Nursing Home  TOWN Baltimore  STREET (If rural give location) ADDRESS 5015 Roland Ave.	<i>y</i>
16	every item of information causes of death clearly and	work done during most of working life. OR INDUSTRY:	9, 19 55 AR   IF UNDER 24 HRE.
ERVED FOR	. Supply	Harry Paul Owens  Jane Foster Owen  18. WAR DECEASED EVER IN U.S. ARMED FORCEST   18. SOCIAL SECURITY NO.   17. INFORMANT & ADDRESS:	
	INK	(Yes, no, or unk.) (If Yes, give war or dates no of service) none MissEstelle Dennis - 100 E. M	onument St.
	DING	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  HAR. 2  IMMEDIATE CAUSE  (A)	INTERVAL BETWEEN ONSET AND DEATH
ARGIN RES	ITH UNFAI Physicians:	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO  (B)  Chromic Homery and Machinitin.  (C)  THE OCCUPANT CHROMIC CAUSE  (C)	5 Secon
MAR	AINLY, W.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	I tran.
		19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  77 OTC.	20. AUTOPSY7
()	WRITE PI especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County of INJURY Street, office bldg., etc. INJURY OCCUR?	) (State)
	F	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	
ō.	E OR	22. I hereby certify that I attended the deceased from Sept 2, 1955, to Oct. 8, 1955, that I last s alive on Oct. 84, 1955, and that death occurred at 8, 30 P.M., from the causes and on the date st	
e = 07 e1	PLEASE TYPE	SIGNATURE  ADDRESS  DATE  ADDRESS  M.D. 516 Cathodral St 10  23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or or name)  REMOVAL (SPECIFY)	E SIGNED
رة الأ	PLE	Burial 19/11/55 Green Mount Cem. Balto., Md  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  REGISTRAR  A FUNERAL DIRECTOR  THE STRANDING OF THE ST	Lacto 17 A





9389

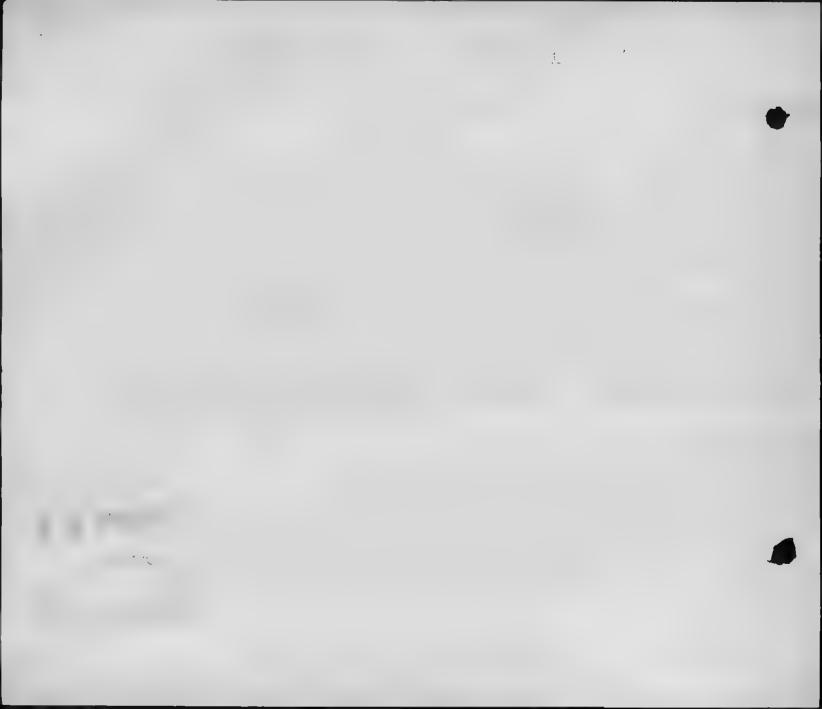
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

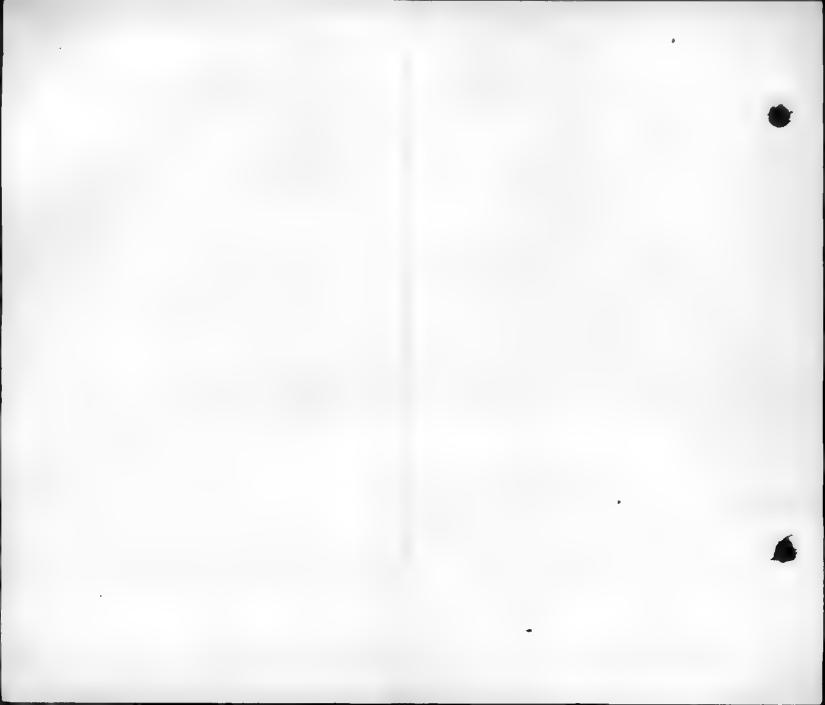
MEDICAL EXAMINER'S CERTIFICATE OF D

Reg. Dist.	2	2
reg. Dist.		

### OF DEATH

I. PLACE OF DEATH:	
	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY 2 170 MARYLAND	STATE Med. COUNTY Ballo.
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (If outside corporate limits write RUHAL) and gite hearest town)
OR and give nearest town) (in this place)	TOWN ( Autus et al
HOSPITAL OR	Jordin
INSTITUTION OR . 1612	STREET (If rural, give location)
STREET ADDRESS 40 13 Femley oguare	1 401) Terney 89 Mare
3. NAME OF (First) (Mirdie)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) from fret all	ake DEATH OCK 19 19 SS
5. SEX: 6. COLOR OR 7. SINGKA, MARRIED, 8. DATE WIDOWED, DIVORCED, 8. DATE	1
M (Specify) pickoned C	1/2 / 8/4 7/ yrs.   Months Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF work done during most of work life, INDUSTRY)	
work done during most of work life, even if retired):	Leland COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Urtu decke	Mr
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.:	17/INFORMANT & ADDRESS: (/ 8/3
( ies, no, or unx.)   (if ies, give war or dates of	THE INFORMATION ADDITIONS:
service)	fruit klase fernly oglass
	L CERTIFICATION INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEATH
11 1 Center C	ardiae failure.
Immediate cause (a)	
Antecedent cause(s)	Town las chrose
Diseases or conditions, if any, (b)	а что на заптонь типовыма на сотполнанающие тотом.
adulas also to the above series DUE TU	
giving rise to the above cause DUE TO	
stating underlying cause last (c)	
atating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
stating underlying cause last (c)	
stating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	20. AUTOPSY?
stating underlying cause last (c)  11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Y∞ □ No □
atating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. BIAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS 12b. PLACE (Home, farm, factory,	20. AUTOPSY? Yes: No 1
stating underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc. INJURY	20. AUTOPSY? Yee \( \text{No } \text{No } \( \text{County} \)  (County)  (State)
atating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY [] OR CONTRIBUTING [] OF street, office bldg., etc. CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED	20. AUTOPSY? Yes: No 1
atating underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. BIAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED OF UNDERSTORM OF STREET OF While at Not while NOT STREET OF While at Not while NOT STREET OF WHILE AT WORK STREET OF STREE	20. AUTOPSY? Yes No No No No 21c. (City or town) (State)  21f. HOW DID INJURY OCCUR?
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. BIAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED OF UNDIAN WORLD AT WORLD While at Not while INJURY  22. I hereby certify that I took charge of the remains described.	20. AUTOPSY? Yes \ No \ N
atating underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. BIAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED OF While at Not while INJURY M. Work Not while at work   22. I hereby certify that I took charge of the remains described that death resulted from: Natural causes T, Accident	21c. (City or town) (County) (State)  21f. HOW DID INJURY OCCUR?  Ded above, held an Autopsy , Inspection , Inquiry , and lent , Suicide , Homicide , Undetermined cause .
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. BIAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED OF UNDIAN WORLD AT WORLD While at Not while INJURY  22. I hereby certify that I took charge of the remains described.	21c. (City or town) (County) (State)  21c. (City or town) (County) (State)  21f. HOW DID INJURY OCCUR?  Ded above, held an Autopsy [], Inspection [], Inquiry [], and dent [], Suicide [], Homicide [], Undetermined cause [].  CHIEF MEDICAL EXAMINER [] DATE SIGNED
atating underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. BIAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ OF Street, office bldg., etc. INJURY  21d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED OF UNITED While at work ☐ at work ☐  22. I hereby certify that I took charge of the remains described that death resulted from: Natural causes ☐, Accidental Contributions  Accidental Contribution of the contribution of the contribution of the contribution of the contribution.  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DATE OF THE DISEASE	21c. (City or town) (County) (State)  21f. HOW DID INJURY OCCUR?
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. BIAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED OF INJURY  22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes Accided the control of the color	20. AUTOPSY? Yee   No   No   No   No   No   No   No
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. BIAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED OF Mile at work OF Street, office bldg., etc. INJURY  22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes To Accide SIGNATURE	21c. (City or town) (County) (State)  21c. (City or town) (County) (State)  21f. HOW DID INJURY OCCUR?
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. BIAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY  21d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED OF While at work OF INJURY  22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes Accidentally Accidentally Control of the control of th	21c. (City or town) (County) (State)  21c. (City or town) (County) (State)  21f. HOW DID INJURY OCCUR?
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. BIAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc. 11 TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED OF While at work office bldg., etc. 12 I hereby certify that I took charge of the remains described on the control of the street, office bldg., etc. 13 Indian (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED OF While at work 22c. I hereby certify that I took charge of the remains described on the control of the street, office bldg., etc. 14 Indian (Not while at work 12c.)  25. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify): 0- 12c. Signature 12c.	21c. (City or town) (County) (State)    21f. HOW DID INJURY OCCUR?    21f. HOW DID INJURY OCCU





### MARYLAND STATE DEPARTMENT OF HEALTH

9437

### 2411 N. Charles Street, Baltimore

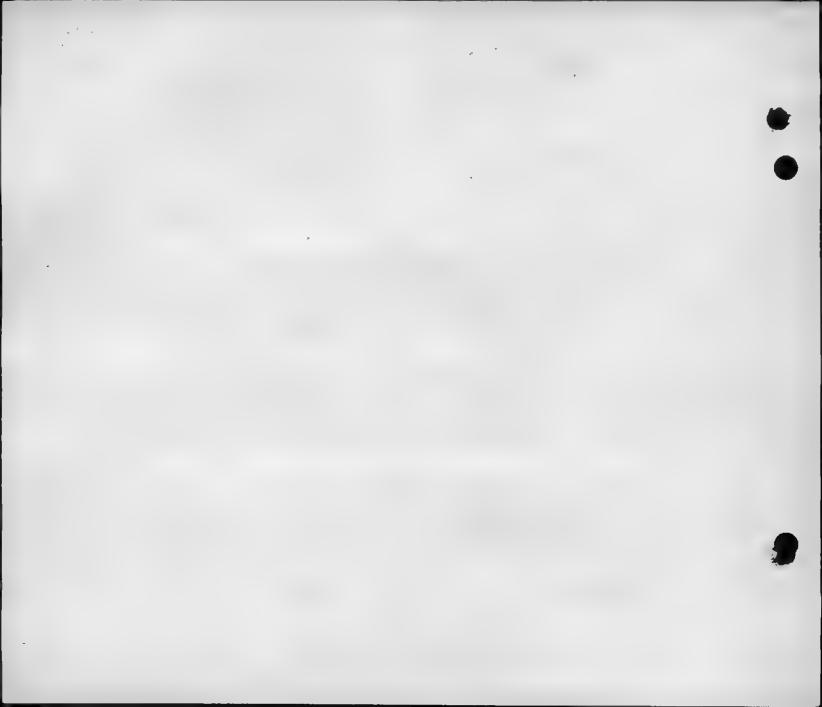
Reg. Dist. No.

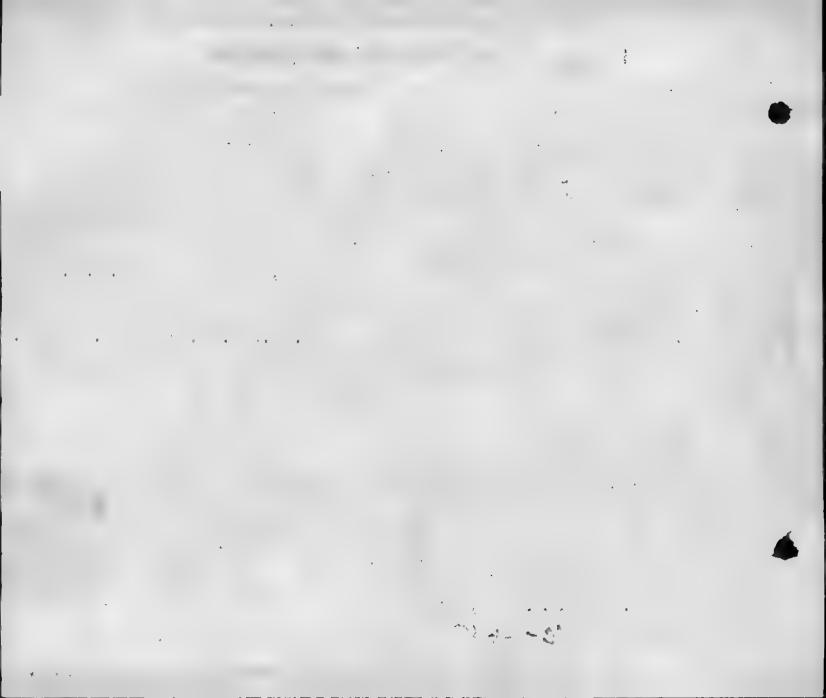
### CERTIFICATE OF DEATH

1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED-COUNTY STATE Baltimiere Maryland MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) TOWN give nearest town Relaterstown (in this place) TOWN Reisterstown 30-4/20 HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET (If rural, give location) ADDRESS 19 Bond Ave. 19 Bond Ave. 3. NAME OF (Middle) (Last) 4. DATE (Month) (Year) DECEASED Fannie Oct. 22 Dutton 19 55 DEATH 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specily) Widowed 10b. KIND OF BUSINES OR 6. COLOR OR RACE 9. AG: bot birthday | If under I year | If under 24 hrs Months | Days | Hours | Min. Female. Colored Mar. 22.1875v 10 a. USUAL OC. UPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY was browned Maryla nd Domestic
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Walter Little Unknown 17. INFORMANT AND ADDRESS 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes, give war or dates of Mrs. Janice Johnson none. 19 Bond Ave. service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH 443 X Eardiac Decompensation Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 more Yes 🗍 No B 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) office bldg., etc.) SUICIDE zouch HOMICIDE INJURY TIME (Month) (Day) HOW DID INJURY OCCUR? (Year) (Hour) INJURY OCCURRED While at Not While 222016: INJURY Work At work 22. I hereby certify that I attended the deceased from 10-28 to 15-2.2., 19.5.5, that I last saw the deceased (Degree or title) SIGNATURE DATE SIGNED Di D. Coarles 23. HURIAL, CREMATION REMOVAL (Specify) BUTIA DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Reisterstown. 10-25-55 Tukes/Cem Md DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS

PLEASE

REGAN





age is especially important. Physicians: plaase

PLEASE WRITE PLAINLY, WITH

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 194

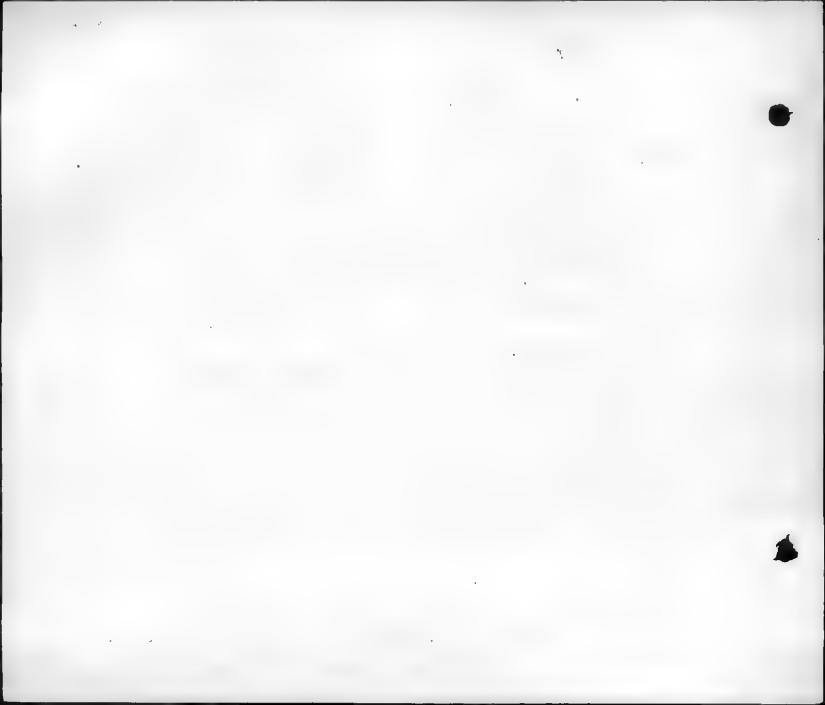
1 9439

### CERTIFICATE OF DEATH

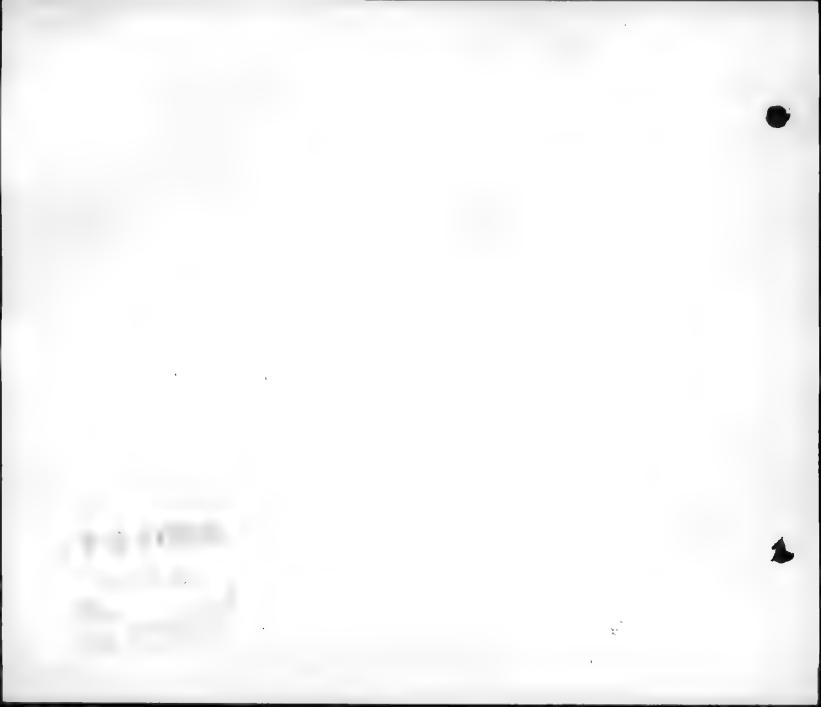
Reg. Dist. No.

1. PLACE OF BEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Balto. MARYLAND	STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town)  OR and give nearest town)  Catonsville	TOWN Baltimore 3V0/-4
HOSPITAL OR Wayne Nursing Home	STREET (If rurai give location)
INSTITUTION OR STREET ADDRESS 98 Smithwood Ave.	ADDRESS
O DILLOLWOOD WAS	formerly of 357 Yale Ave.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Dry) (Year)
(Type or Print) E. P.A EMILY EBI	ERT   DEATH: Oc 7 30 19 54
5. SEX: S. COLOR OR 7. SINGLE, MARRIED, 8. DATE ( RACE: WIDOWED, DIVORCED.	OF BIRTH: 9. AGE iast birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.
	14. 1872 83 yrs. Months Days Hours Min.
16a. USUAL OCCUPATION Give kind of   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country); 12. CITIZEN OF WHAT
work done during most of working life, INDUSTRY: even if retired to Dressmaker self employed	Md.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John C. Ebert  15 Was Deceased Ever in U.S. Armed Forces   16. Social Security No.:   17.	Margaret Schell
(Yes, no, or unk.)   (If Yes, give war or dates of	INFORMANT & ADDRESS.
no service) no	Mr. Henry Ebert-70l: Woodbourne Ave.
18. MEDICAL CERTIFICATION	ON Interval Between
Immediate cause  (a)	d Artanosclarosis.
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY ?
	Yes No L
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED	HOW DID INJURY OCCUR?
OF INJURY  m. While at Not While Work At Work	ed and es
22. I hereby certify that I attended the deceased from ndy	,19, to
2800+50	1.1/200
alive on , 19 , and that death occurred at //	from the causes and on the date stated above.
My h. Shatt M. () 1707 F.c. m un	day AV, Cotasville 282d 300ctss
23. BURIAL CREMATION,   DATE THEREOF   NAME OF CEMETER	
Burial 11/2/55 Mt. livet	Cem. Barto. Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	DDRESSMA
111 51 15 111, 111 9 15 19 19 15	JAM. Y. VICHELET Y XOUX - BALLO ! I "M"

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. carefully. USUAL RESIDENCE (HOME) OF DECEASED: legibly. 1. PLACE OF DEATH: MARYLAND COUNTY CITY(If outside corporate limits, write RURAL and give nearest town) (If outside corporate iimits, write RURAL) LENGTH OF STAY (in this place) and OR and give nearest town) information TOWN TOWN STREET (If rural give location) HOSPITAL OR clearly ADDRESS INSTITUTION OR STREET ADDRESS (Last) (Month) (Day) (Year) (Middle) DATE (First) 3. NAME OF death OF of DECEASED: (Type or Print) item SINGLE, MARRIED DATE OF 9. AGE last birthday COLOR OR WIDOWED, DIVORCED. Days Hours Months | (Specify) . Idow every IOA USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, OR INDUSTRY: HINDING even if retired fousewif Supply HER'S MAIDEN NAME the 17. INFORMANT & IS. WAS DECEASED EVER IN U.S. ARMED FORCEST IS. SOCIAL SECURITY NO. FOR INK. or unk.) (If Yes, give war or dates of servi MEDICAL CERTIFICATION 18. INTERVAL BETWEEN ADING I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE (A) UNF. DUE TO ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY. (B) GIVING RISE TO THE ABOVE CAUSE MARGIN WITH DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING AINLY, TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES [ NO PL 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. (County) (State) 21c. WHERE DID (City or town) INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) While Not while OF INJURY 召 Oct. 1955, that I last saw the deceased 22. I hereby certify that I attended the deceased from .../5" Oct., 1955, to 23 0 age TYPE and that death occurred at 11. 40AM, from the causes and on the date stated above. alive on ....../.0 DATE SIGNED SIGNATURF PLEASE OCATION -CREMATION A15 SIGNATURE REC'D BY LOCAL REGISTR



COUNTRYT

INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY?

6 DAYS

(Year)

19 55

### 9441

### MARYLAND STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

Item 21 Film G 188 11-9-55 ams FOR MEDICAL EXAMINERS Reg. Dist. No.. Item 4, FilmG188 10-31-55 et 2. USUAL RESIDENCE (HOME) OF DECEASED. I. PLACE OF DEATH STATE COUNTY COUNTY BALTIMORE MARYLAND MARYLAND LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and give nearest to FORT HOWARD (In this place) TOWN TOWN HOSPITAL OR INSTITUTION OR VETERANS ADMINISTRATION HOSPITAL STREET (If rural, give location) ADDRESS 101 N. CAREY STREET 3. NAME OF (Middle) 4. DATE (Month) (Day) (First) DECEASED DEATH OCTOBER EPPS WILLIAM E. (Type or Print) 8. DATE OF BIRTH 9. AGE last birthday ! If under I year |If under 24 hrs. 6. COLOR OR RACE 7. SINGLE, MARRIED DAYN Months [ Hours | Min. WIDOWEDS INVESCED. 9-22-95 MALE COLORED 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR

14. MOTHER'S MAIDEN NAME SAMUEL E. EPPS EMILY JACKSON 17. INFORMANT AND ADDRESS 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (You no, or unknown) (If yos, giveryarror dates of Unknown

CLIN.REC. VET.ADM.HOSPITAL.FT.HOWARD.MD. 18. MEDICAL CERTIFICATION

VIRGINIA

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause CRUSHING INJURY, CERVICAL SPINAL CORD

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

INDUSTRY

H. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

done during most of working life, even if retired)

service)

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

No I (CITY OR TOWN) (COUNTY) (STATE)

21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, OF offerble etcht of home PRIMARY OR CONTRIBUTING CAUSE OF DEATH, TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED

HOW DID INJURY OCCUR!

FREDERICKSBURG.

While at Blacked out and fell on street INJURY 10-12-55 work at work X

22. I certify thou took charge of the remains described above, held an Autopsy . Inspection ..., Inquiry ... thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the dry stated above, and death in my opinion resulted from: natural causes, accident 1P, suicide, homicide, undetermined DATE SIGNED (Degree or title)

23. BURIAU, GREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

BALTMORE NATIONAL

Law Mortuary, 802-Oh Madison Ave

PLAINLY. Œ

age

correct

of information carefully death clearly and legibly.

Supply every item write the causes of

NK.<

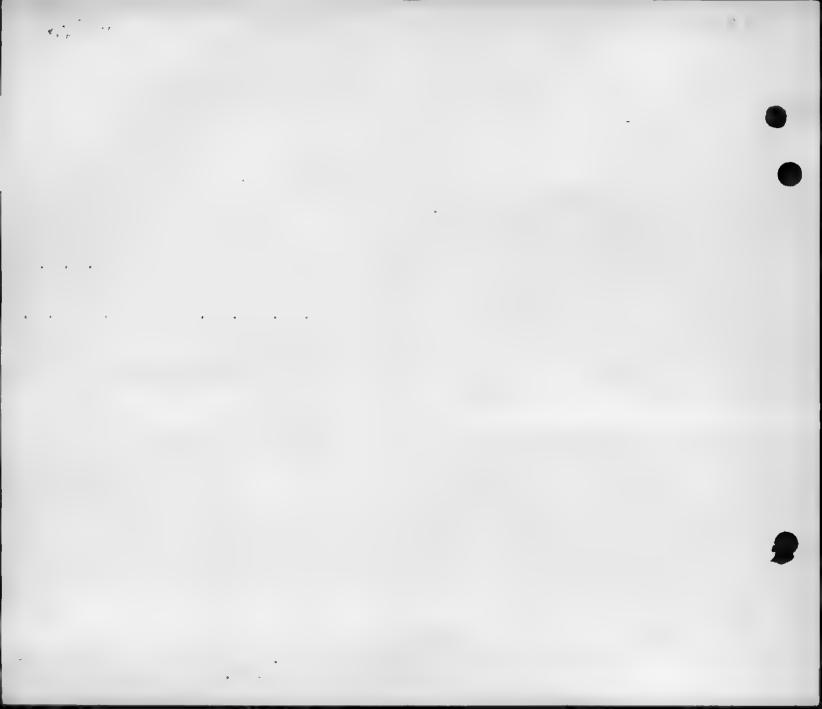
Physicians:

0 4

WITH I

RESERVED

WRIT SE 40 ध

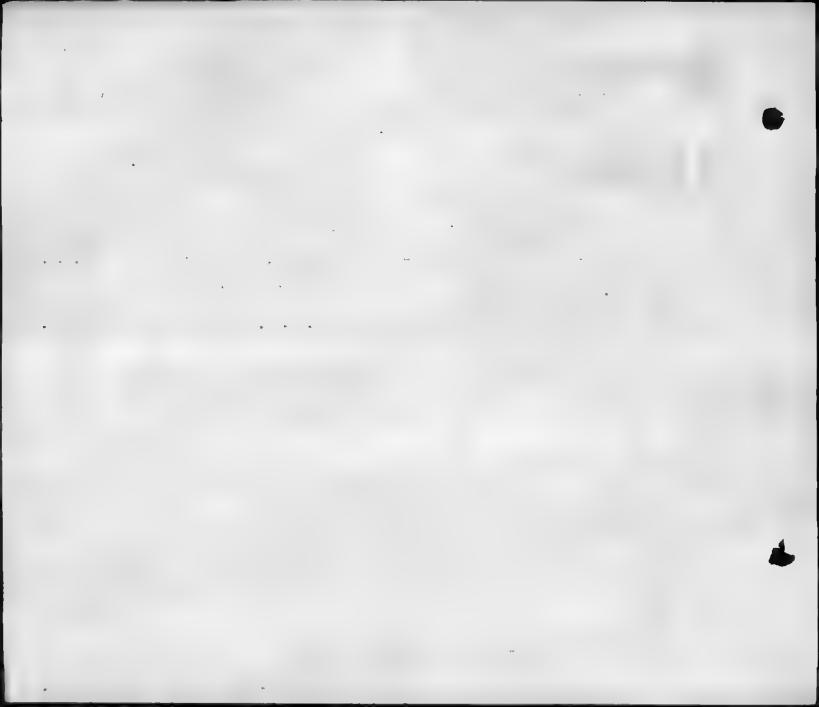


PLEAME TYPE OR WRITE PLAINLY, WITH UNFADING INK.

MARGIN RESERVED FOR BINDING

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-	BALTIMORE,	18	09429
							1/1

	9377 CERTIFICATI	E OF DEATH Reg. Dist	No. 4				
5	I. PLACE OF SEATE	2. USUAL RESIDENCE (HOME) OF DECEASE	D:				
legibly	COUNTY Turner Station MARYLAND	STATE Maryland COUNTY Turne	r Station				
■nd le	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)  (in this place)	CITYIIf outside corporate limits, write RURAL a OR TOWN					
	HOSPITAL OR	STREET (If rural give location)	- 7.				
dmmth clemrly	INSTITUTION OR 710 Avendale Read	710 Avondale Rd.					
у	3. NAME OF (First) (Middle) DECEASED:		Day) (Year)				
1	(Type or Print) JOSEPH William EV	erett DEATH: 10	22 19 55				
of di	RACE: WIDOWED, DIVORCED,	9. AGE last birthday 7 VNOSS 1	PEAR   IF UNDER 24 HRs.   Days   Hours   Min.				
	10A USUAL OCCUPATION (Give kind of, 108, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT				
aaus	work done during most of working life.  even (f retired):	Gastenia, North Carelina	U.S.A.				
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:					
t c	James M. Everett	Bertha Truitt					
rite	19. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:					
	(Yes, no, or unk.) (If Yes, give war or dates of service)	Rev. J. A. Everett 710 Aven	dale Rd.				
lease	18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN				
Tik	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						
50	1 MARCHANE (A) / MARCHANE	ration + melmed	I whi.				
Physicians	ANTECEDENT CAUSE (8)	1.7					
ysi	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DIE TO	Carline	3 1 Tu				
됩	STATING UNDERLYING CAUSE LAST.	Jane	500				
اند	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	lener	1. 710				
important.	TO THE DEATH BUT NOT RELATED TO THE						
DQ.	DISEASE OR CONDITION CAUSING DEATH.						
	JAA. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N	YES NO				
especially	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factor Contributing   Cause of Death of Injury street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	(State)				
is esp	OF INJURY  OF INJURY  M.   Z1E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?					
ge i	22. I hereby certify that I attended the deceased from /d/ -/	14, 1934, to 2, 195, that I last	saw the deceased				
ಪ	alive on SIGNATURE 7 2 2 19 55, and that death occurred at	ADDRESS ADDRESS	stated above.				
correct	Harved Prehile M	1.0. That's 20 2 16	-24-55				
00	REMOVAL (SPECIEV)	ERY OR CREMATORY LOCATION (City, fown, or					
	Burial 10/25/55 Carver Mem	erial Park Murkirk, Maryl	and				
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 5 ~ 1955 William M. Kelly	24. FUNERAL DIRECTOR Charles R. Law 802-04 Madi	ADDRESS				



CRUSPS

### MARYLAND STATE DEPARTMENT OF HEALTH

9442

CITY (If outside corporate limits, write RURAL and

Maynard

6. COLOR OR RACE

Colored

Sparrews Point

10s. USUAL OCCUPATION (Give kind of work

done during most of working life, even if retired)

### CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No....

COUNTY

correct 1. PLACE OF DEATH-COUNTY Baltimere

HOSPITAL OR

3. NAME OF

DECEASED

(Type or Print)

13. PATHER'S NAME

INSTITUTION OR STREET ADDRESS

MARYLAND

LENGTH OF STAY (in this place)

Bethlehem Steel Corporation

(Middle)

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separate

10b. KIND OF BUSINESS OR

Bethlehem Steel

Ernseliff

(Last) Falden

1) Cilusia

IR. MEDICAL CERTIFICATION

STATE

TOWN

ADDRESS

9. DATE OF BIRTH

Memree Street 4. DATE

(If rural, give location)

CITY (If outside corporate limits, write RURAL and give nearest town)

DEATH

27 10 9. AGE last birthday | If under I year | If under 24 hrs. Days | Hours | Min. Months [

(Day)

January 1,1897 11. BIRTHPLACE (State or foreign country)

2. USUAL RESIDENCE (HOME) OF DECEASED-

Maryland

Danville, Virginia Anna L. Fitzgerald 12. CITIZEN OF WHAT COUNTRY A

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY?

DATE SIGNED

(Year)

Charles H. Falden 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war, or dates of

17. INFORMANT AND ADDRESS Verba F. Dersey

1516 McCullah St.

I. DISEASES OR CONDITIONS DIRECTLY KEADING TO DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any,

giving rise to the above cause stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

PLACE (Home, farm, factory, atreet, OF office bldg., etc.)

REGISTRAR'S SIGNATURE

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) While at

INJURY OCCURRED Not while work at work []

(Degree or title)

HOW DID INJURY OCCUR!

(CITY OR TOWN)

22. I certify that I took charge of the remains described above, held an Autopsy : Inspection Inquiry Thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the dry stated above, and death in my opinion resulted

21. BURIAL, CREMATION DATE THEREOF REMOVAL (Specify)

Baltimore National

**ADDRESS** 

LOCATION (City, town, or county) Baltimore. Maryland ADDRESS

24. FUNERAL DIRECTOR Charles R. Law

802-04 Madison Ave.

(COUNTY)

G) from: natural causes [] accident [], suicide [], homicide [], undetermined []. SIGNATURE

INJURY

REG.

DATE REC'D BY LOCAL



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

The

REGISTRAR

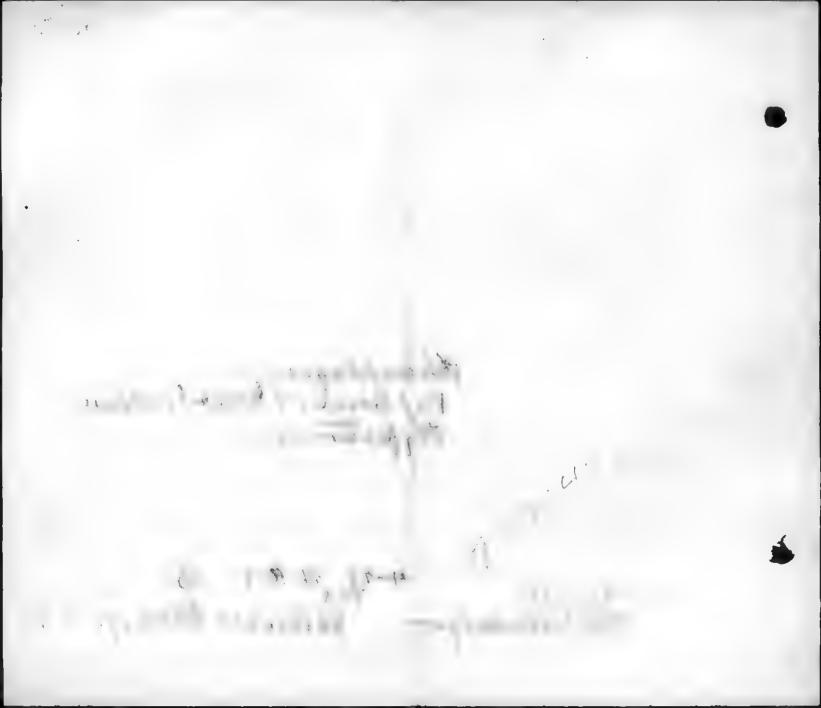
# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (19431)

	3443 CERTIFICATI	E OF DEATH Reg. Dist. No.
of death clearly and legibly.	1 PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
	COUNTY Balto MARYLAND	STATE Md. COUNTY To
	CITY (If outside corporate limits, write RURAL CINGTH OF STAY OR and give nearest town) (in this place)	
	HOSPITAL OR	STREET (If rural give location)
	9 INSTITUTION OR STREET ADDRESS Sorenson Home	ADDRESS 2102 South Rd.
		(Last) 4. DATE (Month) (Day) (Year)
47	DECEASED: HELEN S. FERTI	G OF DEATH: Oct. 8, 19 55
de	5. SEX.   6. COLOR OR   7. SINGLE, MARRIED.   8. DATE	OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
please write the muses of	female RACE: WIDOWED, DIVORCED, Specify): married June	2, 1892 63 yrs. Months Days Hours Min.
	Work done during most of working life, even if retired): Housewife at Home	11 BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
	13. FAIRER S NAME:	
	Albert Leech	Janet Rierson
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY ND.	17. INFORMANT & ADDRESS:
	(Yes, no, or unk.) (If Yes, give war or dates of service)	Mr. Kenneth W. Fertig - 2102 South Rd.
	18. MEDICAL CERTIFICAT	TION INTERVAL BETWEEN
d	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
24	177./	
Ilhysicians:		le carcinoma (Pelvic) about 1 year
	ANTECEDENT CAUSE (8)	A P A Notice of the Contract o
781		Hemorrhage about 2 hours
É	STATING UNDERLYING CAUSE LAST.	
		n of all bodily functions
ly impartant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE Hypertensive Cardio-vascular Disease about 15 years	
	19A. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATION	
		YES NO X
especially	21a. ACCIDENT WAS UNDERLYING 21a. PLACE (Home, farm, factory, or contributing Cause of Death of Injury atreet, office bldg., etc. 1Njury occur? (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	DF INJURY	
-	· ·	10 cobb t Oat 8 cobb to the
22. I hereby certify that I attended the deceased from June 18, 1955, to Oct. 8, , 1955, that I last alive an Oct. 3, 1955, and that death occurred at 6 A.M. from the causes and on the date s		
		A.M. from the causes and on the date stated above.
correct	SIGNATURE 1. S. LO	ADDRESS DATE SIGNED
ori		D. 516 Cathedral St. Oct. 8, 1955
Õ	DEMOVAL (PRECIEW)	ERY OR CREMATORY   LOCATION (City, town, or county) (State)
	Removal 10/8/55 Kensico Ce	om. Valhalla, N.Y.
		1 34 / FUNERAL DIRECTOR ADORESS. WI



# VS. A15-10-53

e e	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (	9432
r. Th	9390 CERTIFICATE OF DEATH Reg. Dist.	No. 42
nation carefully by and lamibly.	1. PLACE OF DEATH:  COUNTY  COUNTY  CITY (If outside corporate limits, write RURAL OR and give /nebrest town)  HOSPITAL OR  2. USUAL RESIDENCE (HOME) OF DECEASED:  COUNTY  COUNTY  CITY(If outside corporate limits, write RURAL and OR TOWN  STREET  (If rural give /neation)	d give nearest town)
information h clearly and	INSTITUTION OR STREET ADDRESS  3. NAME OF ADDRESS (Month) (Date (Month)	(Year)
item of old death	DECEASED: (Type or Print) Chilly Chilly Child (Type or Print) Child Child (Type or Print) Child (Type or Print	
gevery	OA. USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS) 11. BIRTHPLACE (State or foreign fountry): 12. Converted in the first of working life.	ITIZEN OF WHAT
K. Supply write The	13. FATHER'S NAME:  Although B. Links  14. MOTHER'S MAIDEN NAME:  14. MOTHER'S MAIDEN NAME:  15. WAS DECEMBED FOR THE LONG SECURITY NO. 17/1 INFORMANT & ADDRESS:  15. WAS DECEMBED FOR THE LONG SECURITY NO. 17/1 INFORMANT & ADDRESS:  16. WAS DECEMBED FOR THE LONG SECURITY NO. 17/1 INFORMANT & ADDRESS:  16. WAS DECEMBED FOR THE LONG SECURITY NO. 17/1 INFORMANT & ADDRESS:  16. WAS DECEMBED FOR THE LONG SECURITY NO. 17/1 INFORMANT & ADDRESS:  17. WAS DECEMBED FOR THE LONG SECURITY NO. 17/1 INFORMANT & ADDRESS:  18. WAS DECEMBED FOR THE LONG SECURITY NO. 17/1 INFORMANT & ADDRESS:  18. WAS DECEMBED FOR THE LONG SECURITY NO. 17/1 INFORMANT & ADDRESS:  18. WAS DECEMBED FOR THE LONG SECURITY NO. 17/1 INFORMANT & ADDRESS:  18. WAS DECEMBED FOR THE LONG SECURITY NO. 17/1 INFORMANT & ADDRESS:  18. WAS DECEMBED FOR THE LONG SECURITY NO. 17/1 INFORMANT & ADDRESS:  18. WAS DECEMBED FOR THE LONG SECURITY NO. 17/1 INFORMANT & ADDRESS:  18. WAS DECEMBED FOR THE LONG SECURITY NO. 17/1 INFORMANT & ADDRESS:  18. WAS DECEMBED FOR THE LONG SECURITY NO. 17/1 INFORMANT & ADDRESS:  18. WAS DECEMBED FOR THE LONG SECURITY NO. 17/1 INFORMANT & ADDRESS:  18. WAS DECEMBED FOR THE LONG SECURITY NO. 17/1 INFORMANT & ADDRESS:  18. WAS DECEMBED FOR THE LONG SECURITY NO. 17/1 INFORMANT & ADDRESS:  18. WAS DECEMBED FOR THE LONG SECURITY NO. 17/1 INFORMANT & ADDRESS SECURITY NO	
IN	(Yes, no, or unk.) (If Yes, give war or dates of service)  (Yes, no, or unk.) (If Yes, give war or dates of service)	2 One.
FADING ns:    lea	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  334-X IMMEDIATE CAUSE  (A) WILLIAM	INTERVAL BETWEEN ONSET AND DEATH
WITH UNFA	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO  OUE TO	u
. ES	IX OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
- 1	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
TE	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?  21b. TIME (Month) (Day) (Year) (Hour) 21c INJURY OCCURRED 21f, HOW DID INJURY OCCUR?	) (State)
S. :	OF INJURY While at work at work	
SE TYPE O	alive of 77 1955, and that death occurred at 716 AM, from the causes and on the date st SIGNATURE DATE M.D. CLUMP OF THE COUNTY OF THE COU	R 27 THX
PLEASE	23. BURIAL, CREMATION, WATE THEREOF NAME OF CEMETERY OF CREMATORY LOCATION (City, town, of CEMETERY CITY, of CEMETERY LOCATION (City, town, of CEMETERY CITY, of C	ADDRESS TOTAL
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ye.



## MARYLAND STATE DEPARTMENT OF HEALTH

9444

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

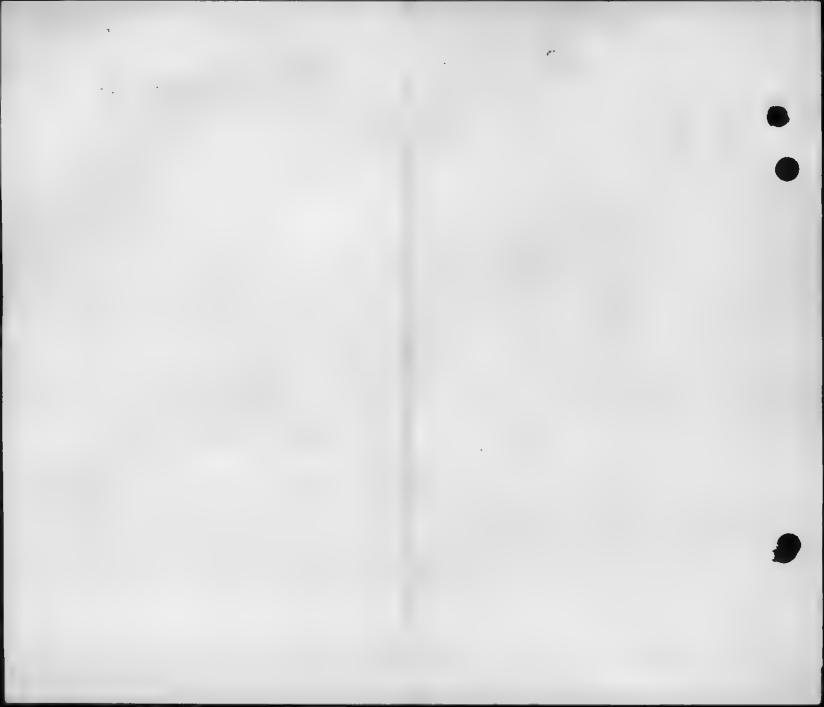
Reg. Dist. No.

	<u> </u>	
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	-
MARYLAND MARYLAND	a line Cares	marl.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest twyn). (in this place)	CITY (If outside corporate limits, write RURAL and give nearest to	Wn)
TOWN SPECIALUS OF 19 140 SOUND	TOWN & Parties (1719.	<u> </u>
HOSPITAL OR NINSTITUTION OR	STREET (If rural give location)	1
STREET ADDRESS	Dro oprus	
3. NAME OF (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
(Type or Print)	NVVICU DEATH (4 PLANIA 1 th	1950
6. SEX 6. COLOR OR RACE 7. STANDONED, WIDOWED, DIV. ROED,	8. DATE OF BIRTH 9. AGE last birthday If under I year If he Months Days Hou	nder 24 hrs
(Specify)	7 L M. 6	
done during most of working like even it retired)  10b. Kind of Eusiness of Industry	111 BIRTHPHACE (State or foreign fountry) 12. CITIZEN COUNTRY	OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0.
1 4 04 (44	14 We de a 2 a 2 a 2 a 2 a 2 a 2 a 2 a 2 a 2 a	
15. Was Decrased Ever In U.S. Armed Forces?   16. Social Security No.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of	TY day of last of	
18. MEDICAL CE	RTERICATION	
	INTERVAL	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSUT AN	DEATH C
41 Immediate cause (a) - Thur thu	umoria sunder	3 4.09 9
Antecedent cause(s)		
Diseases or conditions, if any, (b)	AA IN SAND A	
giving rise to the above cause stating the underlying cause last	with Millian	
(c)	-	
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.	ont	
18a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTO	PSY!
	Year	No.
21. ACCIDENT (Speelfy) PLACE (Home, farm, factory, street, SUICIDE OF office bidg., etc.)	(CITY OR TOWN) (COUNTY) (STA	TE)
HOMICIDE / INJURY	A MONE DED ANAIDE (OCCUPA	
OF While Not While	HOW DID INJURY/OCCUR!	
INJURY h. Work At work		
22. I hereby certify that I attended the deceased from Out	, 1955, to Och 7	cessed
A . I A . I America	- 61	
	ADDRESS from the causes and on the date stated above	
SIGNATURE (Degree or title)	ADDRESS DATE S	. / 3
1N Thomas 1,15-107	11. 11 Jam & Villiam 22 140	17/25
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or county) (	(State)
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE DEMOVAL (Specify) 10-11-55 Mt. Ca	Ivary AA.Co. Md.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRES	SS
Voltages 87, 1965 K. W	Charles K. Law 802 Madison	Ave

PLEASE WRITE PLAINLY, WITH UNFADING INK. Suggly every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

Thm correct age

VS. A15



BALTIMORE NATIONAL CEMETERY

BALTIMORE, MARYLAND

MADISON AVE. BALTIMORE 1. MARYLAND

ADDRESS

REMOVAL (SPECIFY)

DATE REC'D BY LOCAL

BURIAL

10/20/55

-REGISTRAR'S SIGNATURE

∢

回

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

N 67 1 21

OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

# A15-10-53 MARG

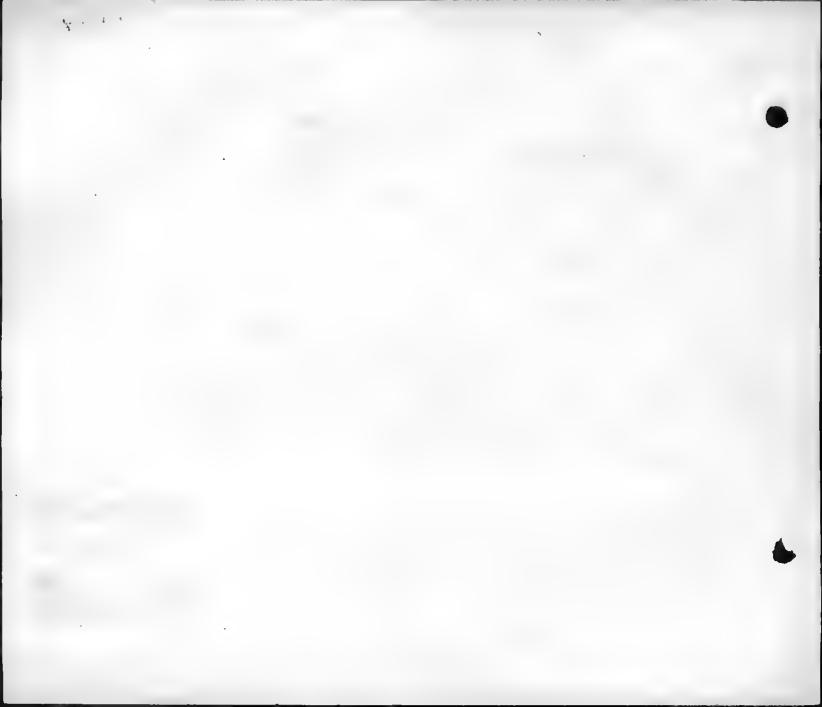
VS.

PLEASE TYPE

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10506 9446 CERTIFICATE OF DEATH Reg. Dist. No.

	O A TO	100, 100, 110, 5,
ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
death clearly and legibly	COUNTY Baltimore MARYLAND	STATE Maryland COUNTY
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give pearest town)  Catonsville oyr5mosodays	CITY If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
	HOSPITAL OR INSTITUTION OR Spring Grove State Hospital	STREET (If rural give location) ADDRESS 2018 W. North Avenue
	DECEASED: Margaret Flant	
Jo.	Female White Specify: Single 24	9. AGE last birthday In under tyear If under st Hrs.  81 Months Days Hours Min.
write the causes	WORK done during most of working life, even if retired): Housekeeper	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?  Maryland  USA
he	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
- <del></del>	John Flanigan	Catherine McGlennon
Ŧ	18. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
	(Yes, no. or unk.) (If Yes, give war or dates of service) Unknown	Records Spring Grove State Hospital
please	18. MEDICAL CERTIFICAT	
	T DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
072 CC	IMMEDIATE CAUSE (A) Arterioscles	rotic cardiovascular disease Years
Cial	ANTECEDENT CAUSE (8)	
Physicians	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B) Malnutrition DUE TO	
	(c) Dehydration	
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ort	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
du	194. DATE OF OPERATION:   198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES NO 📑
especially	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	· ·
is es	210. Time (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
9.6 6.6	22. I hereby certify that I attended the deceased from 7-	, 1953, to 10-31-, 19.55that I last saw the deceased
ණ	alive on 10-31- 19 55, and that death occurred at	2:15PM, from the causes and on the date stated above.
correct	SIGNATURE Skella Washeler M	Spring Grove State Hospital  Description 28 aryland 10-31-55  ERY OR CREMATORY LOCATION (City, town, or county) (State)
00	REMOVAL (SPECIFY)	1
	REMOVAL NOU 3-05 UMM NEDIC	ALSCHOOL 29 S. GREEN ST
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS

1700 FLONIBARD ST



ಣ	
υ 	
10	
<b>—</b>	
1	
LO:	
feral	
<b>⋖</b> ¦	
i,	
Ing.	

The	MARYLAND STATE DEPARTMEN	113335
. y.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
carefull legibly.	Dalledmana	Marreland
information carefully.	COUNTY DELUTIONE MARYLAND CITY (If outside corporate limits, write RURAL SOR and give nearest town) LENGTH OF STAY (in this place) 21 days	CITYIII outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
nformat clearly	HOSPITAL OR INSTITUTION OR STREET ADDRESS Pring Grove State Hospital	STREET (If rural give location) ADDRESS Cathedral and Madison Sts.
of ath	DECEASED: (Type or Print) Charles	rannie (Car) 0 4. DATE (Month) (Day) (Year) 0 6 7 19 55.
ite	Male White Specify: Divorced 6-6	9. AGE last birthday if UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
y every causes	IOA. USUAL OCCUPATION (Give kind of or IOB. KIND OF BUSINESS work done during most of working life. OR INDUSTRY.  Time Kerster: Evilding Construction	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
Supply ite the c	13 FATHER'S NAME: Baltimore Contractor	S 14. MOTHER'S MAIDEN NAME:
Su)	Frank-Franke - rainie	Margaret Schneider
IK. Su write	13. WAS DECEASED EVER IN U.S. ARMED FORCES: 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:
G INK	Unknown of service) Unknown  18. MEDICAL CERTIFICAT	Records Spring Grove State Hospital
UNFADIN	ANTECEDENT CAUSE (#)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	scular accident
	STATING UNDERLYING CAUSE LAST. (C) General 10	ed arteriosclerosis
~ K	IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	A ROBERTOS IS
PLAINLY Ily import	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES NO
T.E.	21A. ACCIDENT WAS UNDERLYING [ 21B. PLACE (Home, farm, fac OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (County) (State) etc. INJURY DCCUR?
× ×	OF INJURY  OF INJURY  M. 21E INJURY OCCURRED  While Not while at work at work	21F. HOW DID INJURY OCCUR?
OI Se	22. I hereby certify that I attended the deceased from 9-13-	, 1955, to 10-7- , 1955, that I last saw the deceased
TYPE rect a	alive on 10-7-, 1955, and that death occurred at Stulla Wacksley	L:25PM, from the causes and on the date stated above.  ADDRESS  Spring Trove State Hospita 10-7-55
PLEASE	23 BURIAL, CREMATION, DATE THEREOF NAME OF CEMETI REMOVAL (SPECIFY) 10/10/55 Holy Rede	ERY OR CHEMATORY   COCATION (State) (State)
PL	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE CLIFT Y. 1955 R.W.	H. Mears + Son 8057. Calvert S.



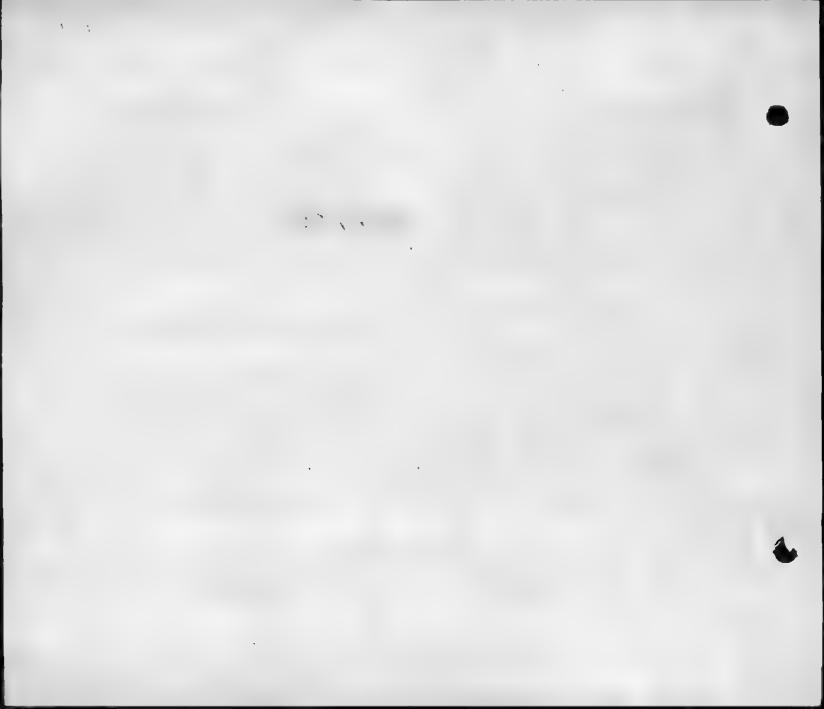
PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1943)

7448	CERTIFICATE	OF	DEATH
3 -46 -420		-	

Reg. Dist. No.

	7 1 1 2	
, S	1. PLACE OF DBATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
legibl	COUNTY BULLIMORE. MARYLAND	STATE Maryland COUNTY Bultimore
	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITYIIf outside corporate limits, write RURAL and give nearest town)
■nd	TOWN (Mors all Joe Feb 14 105)	- TOWN Baltmore 34.
	HOSPITAL OR	STREET (If rural give location)
Ē	14 STREET ADDRESS Some wie State Harpital	ADDRESS 3/ 3 0 0 / / / A-/
clemrly		
	DECEASED: 57	Last) 4. DAYE (Month) (Day) (Year)
death	(Type or Print) DERTHIT	DEATH: 10 18 1953
	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8 DATE ( RACE/ NUIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
# S	Timale White (Specify): Harrier	905 July Months Days Hours Min.
c=n=s	TOA. USUAL OCCUPATION (Give kind of 10s. KIND OF BUSINESS work done during most of working life.) OR. INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
2	even it retired! Hausewife blun forme	VTA Battimore Med COUNTRY!
e e	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
th.	Afrahan Abrams	Sana ?
writ	18. WAS DECEASED EYER IN U.S. ARMED FORCES! 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
<b>A</b>	(Yes, no, or unk.) (If Yes, give war or dates	(1) (1) (curaco
9	of service)	Mr. Harry Earfinkel - 2628 Park Heights
plea	18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	A metalent
jud.		ONSET AND DEATH
33	260 XIMMEDIATE CAUSE (A)	helts
Physicians	ANTECEDENT CAUSE (S)	
/Sic	DISEASES OR CONDITIONS, IF ANY, (B)	
Phy	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	
	(C)	
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	-0 . 2
ort	DISEASE OR CONDITION CAUSING DEATH.	Grain Lyndsone
dw	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
-		YES NO V
especially	21A ACCIDENT WAS UNDERLYING   218. PLACE (Home, farm, facto	
cis	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., e	
sp(	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
_	OF INJURY While While at work at work	
- E		10.16
2 ge	22. I hereby certify that I attended the deceased from June 9	de de
ديا		8.25 p M, from the causes and on the date stated above.
Tec	SIGNATURE	ADDRESS DATE SIGNED
correc	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	
Ü	REMOVAL (SPECIFY)	2 designate
		weach are Battimore maryand
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS LULE,



WITH UNFADING INK.

correct age is especially important. Physicians:

PLEASE TYPE OR WRITE PLAINLY,

Supply every item of information carefully. The

please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09437

DECEASED.  (Type or Pint)  THOMAS  THOMAS  (Type or Pint)  THOMAS  THO	9449 CERTIFICATI	E OF DEATH Reg. Dist.	No. 4 4
CITY If outside corporate limits, write RURAL (chip place)  ON NOR OF PORT HOWARD  HOSPITAL OR  STREET ADDRESS TERANS ADMINISTRATION HOSPITAL  STREET ADDRESS TERANS ADMINISTRATION HOSPITAL  NAME OF (First)  NAM	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D:
STREET ADDRESS TERRANS ADMINISTRATION HOSPITAL  ADDRESS OF ROBINSON STREET  STREET ADDRESS TERRANS ADMINISTRATION HOSPITAL  ANALY OF CHARLES (Last)  DECEASED: (Type or Print) THOMAS  A. GARNER SR. OF CHARLES (Last)  A. GARNER SR. OF CHARLES (Last)  DEATH (OTDOER)  ATTEM OF CHARLES (Last)  MALE  WHITE	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL a	and give nearest town)
Comparison   Com	- INSTITUTION OR	ADDRESS	/
MALE  WILDOWED DIVORCED.  MALE  WILDOWED DIVORCED.  MATE  Wild COCUPATION (Give kind of or own kind life working life.  OR INDUSTRY.  DANVILLE, VIRGINIA  DA	DECEASED: (Type or Print) THOMAS A. GARM	VER SR. OF DEATH OCTOBER 1	1955
ON FINITE WAS DECREASED BYER IN U.S. ARMED FORCES!  13. FATHER'S NAME:  ARCHER GARNER  14. MOTHER'S MAIDEN NAME:  ELIZABETH YANCY  15. WAS DECREASED EVER IN U.S. ARMED FORCES!  16. SOCIAL SECURITY NO.  214. 26-7256  CLIN. HEC., VET. ADM. HOSP., FT. HOWARD, MD.  17. INFORMANT A ADDRESS:  CLIN. HEC., VET. ADM. HOSP., FT. HOWARD, MD.  18. MEDICAL CERTIFICATION  INTERVAL BETWEEN ONSET AND DEATH  UNKNOWN  DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ARTERIOSCLEROSIS  DISEASES OR CONDITIONS, IF ANY.  GIVING RISE TO THE ABOVE CAUSE  STATING UNDERLYING CAUSE LAST  CC)  10. CHEER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE CARCINOMA, PROSTATE  DISEASE OR CONDITION CAUSING DEATH  OF RODRITH DITTOR CAUSE OF DEATH  OF RODRITH CARCINOMA PROSTATE  21. ACCIDENT WAS UNDERLYING DEATH  OF RODRITH CARCINOMA PROSTATE  21. ACCIDENT WAS UNDERLYING DEATH  OF RODRITH CARCINOMA PROSTATE  21. ACCIDENT WAS UNDERLYING DEATH  OF INJURY STREET, Office bidge, etc. INJURY OCCUR?  THE CHEER NOTIFY MEDICAL EXAMINER)  AND THE CONTRIBUTION CAUSING DEATH  OF INJURY STREET, Office bidge, etc. INJURY OCCUR?  While Not while Not while While Not while While Not while While Not while Stated above.  SIGNATURE  FRANCIS G. DICKEN, CHEMATION, DATE THEREOF DATE SIGNATURE  PROMOVAL (SPECIFY) POLICE AND POLICE OF CARLEY OF COURTS  BUILT THE (MONTH) DATE THEREOF DATE SIGNATURE  PROMOVAL (SPECIFY) POLICE OF CARLEY OF CHEMATORY LOCATION (GIV, town, or county) (State)  DATE SIGNATURE  FRANCIS G. DICKEN, CHEMATION, DATE THEREOF DATE SIGNATURE  PROMOVAL (SPECIFY) POLICE OF CARLEY OF CHEMATORY LOCATION (GIV, town, or county) (State)  BUILT THE RECED BY LOCAL RECIGITAR'S SIGNATURE  ULLETCH FILMPERAL DIRECTOR  DATE SIGNATURE  DATE RECED BY LOCAL RECIGITAR'S SIGNATURE  ULLETCH FILMPERAL DIRECTOR  ULLETCH FILMPERAL DIRECTOR  DATE SIGNATURE  PROMOVAL (SPECIFY) POLICE OF CARLEY OF COURTS  STATE OF COURTS  DATE THE COURT OF COURTS  ADDRESS  DATE THE COURT OF COURTS  AND THE CALL OF COURTS  AND THE CALL OF COURTS  OF COURTS  OF COURTS  DIST	MALE WHITE (Specify): MARRIED 1/26/7	79 76 yrs Months D	ays Hours Mln.
ARCHER GARNER  WAS DECEASED EVER IN U.S. ANMED FORCES  (Yes, no or upt.) (If yes, give war or dates of service) SAW of mervice)  18. MEDICAL GERTIFICATION  18. MEDICAL GERTIFICATION  18. MEDICAL GERTIFICATION  19. MEDICAL GERTIFICATION  19. MEDICAL GERTIFICATION  10. MEDICAL GERTIFICATION	work done during most of working life. OR INDUSTRY: even if retirePOLICEMAN -Ret. City Police	DANVILLE, VIRGINIA	COUNTRY?
17. INFORMANT & ADDRESS:  18. BEGIAL SECURITY NO.  211-26-7256  CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MD.  1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ANTECEDENT CAUSE  ANTECEDENT CAUSE  ANTECEDENT CAUSE  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST DUE TO  CO.  1 Click Significant conditions contributing TO THE DEATH BUT NOT RELATED TO THE CARCINOMA, PROSTATE  DISEASE OR CONDITION CAUSING DEATH.  CARCINOMA, PROSTATE  13 - 4 YRS.  20. AUTOPSYT YES NO WEST OF INJURY Street, office bldg., etc. INJURY OCCUR?  IN CITICAL READING TO THE ABOVE CAUSE OF DEATH OF INJURY Street, office bldg., etc. INJURY OCCUR?  IN CITICAL READING TO THE CONTRIBUTION OF INJURY OCCUR?  IN CITICAL READING TO THE CARCINOMA PROSTATE  20. AUTOPSYT YES NO WEST OF THE ABOVE CAUSE OF DEATH OF INJURY Street, office bldg., etc. INJURY OCCUR?  21 ACCIDENT WAS UNDERLYING TO THE CARCINOMA PROSTATE  22 AUTOPSYT YES NO WEST OF THE ABOVE CAUSE OF DEATH OF INJURY OCCUR?  21 IN FIRST HOW MEDICAL EXAMINER)  22 IN HORD TO THE CARCINOMA PROSTATE  23 - 4 YRS.  24 YRS.  25 INJURY STREET, OF INJURY OCCUR?  26 INJURY STREET, OF INJURY OCCUR?  27 INJURY OCCUR?  28 INJURY OCCUR?  29 INJURY OCCUR?  21 IN FIRST HOWARD MARYLAND  ANXIONAL STREET, OF THE ABOVE CAUSE OF DEATH OF INJURY OCCUR?  21 IN FIRST HOWARD MARYLAND  ANXIONAL STREET, OF THE ABOVE CAUSE OF DEATH OF INJURY OCCUR?  21 INJURY OCCUR?  22 IN HORD TO THE CARCINOMA PROSTATE OF INJURY OCCUR?  21 INJURY OCCUR?  22 IN HORD TO THE CARCINOMA PROSTATE OF INJURY OCCUR?  ANXIONAL STREET, OF THE ABOVE CAUSE OF DEATH OF INJURY OCCUR?  22 IN HORD TO THE CARCINOMA PROSTATE OF THE ABOVE OF THE			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  (A) DISSECTING ABDOMINAL ANEURYSM  UNKNOWN  DUE TO  ARTERIOSCLEROSIS  UNKNOWN  CIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (C	5. WAR DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  (A) DISSECTING ABDOMINAL ANEURYSM  UNKNOWN  DUE TO  ARTERIOSCLEROSIS  UNKNOWN  UNKNOWN  UNKNOWN  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST  (C)  II CHIER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE DATE.  DISEASE OR CONDITION CAUSING DEATH.  198. MAJOR FINDINGS OF OPERATION  20. AUTOPSY?  YES NO W  PROCURT WAS UNDERLYING OF INJURY Street, office bldg., etc.  (NJURY OCCUR?  INJURY OCCUR?  INJURY OCCUR?  INJURY OCCUR?  ARKENNAY XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(Yes, no or unk.) (If Yes, give war or dates of service) SAN 214-26-7256	CLIN.REC., VET.ADM.HOSP., FT.HOV	WARD, MD.
ARTERIOSCLEROSIS  DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST  (C)  II. CIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CARCINOMA, PROSTATE  II. SIGNIFICANT CONDITION CAUSING DEATH.  CARCINOMA, PROSTATE  20. AUTOPSY? VES NOW PROCONTRIBUTING CAUSE OF DEATH OF INJURY Street, office bldg., etc. INJURY OCCUR?  FIRST TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  FINJURY  21 hereby certify that attended the deceased from OCT 3 , 1955, to OCT 4 , 1955, EXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
DISEASES OR CONDITIONS, IF ANY, (B) DUE TO  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST  (C)  II CTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CARCINOMA, PROSTATE  13 - 1 YRS.  19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., etc. INJURY OCCUR?  21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., etc. INJURY OCCUR?  21B. PLACE (Home, (arm, factory. 21c. WHERE DID (City or town) (County) (State)  21C. TIME (Month) (Day) (Year) (Hour) Street, office bldg., etc. INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) Street, office bldg., etc. INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) Street, office bldg., etc. INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) Street, office bldg., etc. INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) Street, office bldg., etc. INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) Street, office bldg., etc. INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) Street, office bldg., etc. INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) Street, office bldg., etc. INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) Street, office bldg., etc. INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) Street, office bldg., etc. INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) Street, office bldg., etc. INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) Street, office bldg., etc. INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) Street, office bldg., etc. INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) Street, office bldg., etc. INJURY OCCUR?  22D. AUTOPSY  22D. AU	ANTECEDENT CAUSE (8) DUE TO ARTERTOSCLER	POSTS	TINICHCHICHENT
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING DEATH. CARCINOMA, PROSTATE  20. AUTOPSY?  21A. ACCIDENT WAS UNDERLYING AND STREET AND STREE	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST  DUE TO	0020	ONKNOWN
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. CARCINOMA, PROSTATE  19A. DATE OF OPERATION:  198. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING DEATH OF INJURY Street, office bldg., etc. INJURY OCCUR?  21A. ACCIDENT WAS UNDERLYING DEATH OF INJURY Street, office bldg., etc. INJURY OCCUR?  21A. ACCIDENT WAS UNDERLYING DEATH OF INJURY Street, office bldg., etc. INJURY OCCUR?  21A. ACCIDENT WAS UNDERLYING DEATH OF INJURY Street, office bldg., etc. INJURY OCCUR?  21A. ACCIDENT WAS UNDERLYING DEATH OF INJURY Street, office bldg., etc. INJURY OCCUR?  21A. ACCIDENT WAS UNDERLYING DEATH OF INJURY STREET, NOTIFY HEAD OCCUR?  21A. ACCIDENT WAS UNDERLYING DEATH OF INJURY STREET, NOTIFY HEAD OCCUR?  21A. ACCIDENT WAS UNDERLYING DEATH OCCUR?  21B. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) (State)  21A. ACCIDENT WAS UNDERLYING DEATH OCCUR?  21B. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) (State)  21B. PLACE (Home, farm, factory. 21c. WHERE DID (City, town, or county) (State)  21B. PLACE (Home, farm, factory. 21c. WHERE DID (City, town, or county) (State)  21B. PLACE (Home, farm, factory. 21c. WHERE DID (City, town, or county) (State)  21B. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) (State)  21B. PLACE (Home, farm, factory. 21c. WHERE DID (City, town, or county) (State)  21B. PLACE (Home, farm, factory. 21c. WHERE DID (City, town, or county) (State)  21B. PLACE (Home, farm, factory. 21c. WHERE DID (City, town, or county) (State)  22B. BUHLAL (SPECIFY) (DATE THEREOF OR CREMATORY (CEMETERY OR CREMATORY (City, town, or county) (State)  22B. BUHLAL (SPECIFY) (DATE THEREOF OR CREMATORY (CEMETERY) OR CREMATORY (CEMETERY) (DATE THEREOF OR CREMATORY (CEMETERY) OR CREMATORY (CITY OR CREMATORY (CEMETERY) OR CREMATORY (CEMETERY) (DATE THEREOF OR CREMATORY (CEMETERY) OR CREMATORY (CEMETERY) (DATE THEREOF OR CREMATORY (CEMETERY) OR CREMATORY (CEMETERY) (CEMETERY) (CEMETERY) (CEMETERY) (CEMETERY) (CEMETERY) (CEMETERY) (CEMETERY) (CE			
20. AUTOPSY?  VES NO NO  21A. ACCIDENT WAS UNDERLYING DEATH OF INJURY Street, office bldg., etc. INJURY OCCUR?  PRESENTED IN MEDICAL EXAMINER)  21D TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  21 hereby certify that attended the deceased from OCT 3 , 1955, to OCT 1, 1955, that attended the deceased from OCT 3 , 1955, to OCT 1, 1955, that attended at work at work at work  22. I hereby certify that attended the deceased from OCT 3 , 1955, to OCT 1, 1955, that attended above.  23. BURIAL CREMATION DATE THEREOF NAME OF TERM OF CREMATORY LOCATION (City, town, or county)  PRANCIS G. DICKER, Charles Medical Service M.D. VAH, FORT HOWARD, MARYLAND 10-155  23. BURIAL CREMATION DATE THEREOF NAME OF CREMATORY LOCATION (City, town, or county)  BURIAL (SPECIFY)  BALTIMORE, MARYLAND  DATE REGOD BY LOCAL REGISTRAR'S) SIGNATURE  ULLRICH FINERAL DIRECTOR  ULLRICH FINERAL HOMES 1,210 BETATE DOAD	TO THE DEATH BUT NOT RELATED TO THE CARCTNOMA	PROSTATE	3 - 4 YRS.
The either notify medical examiner)  21 I hereby certify that attended the deceased from OCT. 3, 1955, to OCT. 4, 1955, that XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		V	
While at work at work 1 at work 2. I hereby certify that attended the deceased from OCT. 3, 1955, to OCT. 4, 1955, the XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	OR CONTRIBUTING   CAUSE OF DEATH OF INJURY Street, office bidg.,	etc. INJURY OCCUR?	y) (State)
ANKEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	OF INJURY While Mot while at work at work		
FRANCIS G. DICKET, Chief Medical Gervice M.D. VAH, FORT HOWARD, MARYLAND 10-1-55  23. BURIAL, CREMATION, DATE THEREOF AND NAMED CEMETERY OR CREMATORY LOCATION (City, town, or county)  BURIAL  OAK LAWN CEMETERY  BALTIMORE, MARYLAND  DATE REC'D BY LOCAL REGISTRAR'S) SIGNATURE  ULLIRICH FUNERAL DIRECTOR  ULLIRICH FUNERAL HOMES 1,210 RELATE DOAD	21. I hereby certify that attended the deceased from OCT.	3 , 1955, to OCT 4. , 1955, XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PATE THE REOF TO NAME OF COUNTY OF COUNTY (State)  REMOVAL (SPECIFY)  BUNIAL  OAK LAWN CEMETERY  BALTIMORE, MARYLAND  DATE REC'D BY LOCAL REGISTRAR'S) SIGNATURE  ULLIRICH FUNERAL DIRECTOR  ULLIRICH FUNERAL HOMES 1210 RELATE DOAD	SIGNATURE	ADDRESS DAT	
DATE REC'D BY LOCAL REGISTRAR'S) SIGNATURE 24. FUNERAL DIRECTOR ADDRESS ULLIRTCH FUNERAL HOWES 1270 RETAIN DOAD	23. BURIAC, CREMATION DATE THEREOF YOU NAME CEMETE	ERY OR CREMATORY LOCATION (City, town, or	county) (State)
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ULLRICH FUNERAL HOMES 1210 BE	ADDRESS



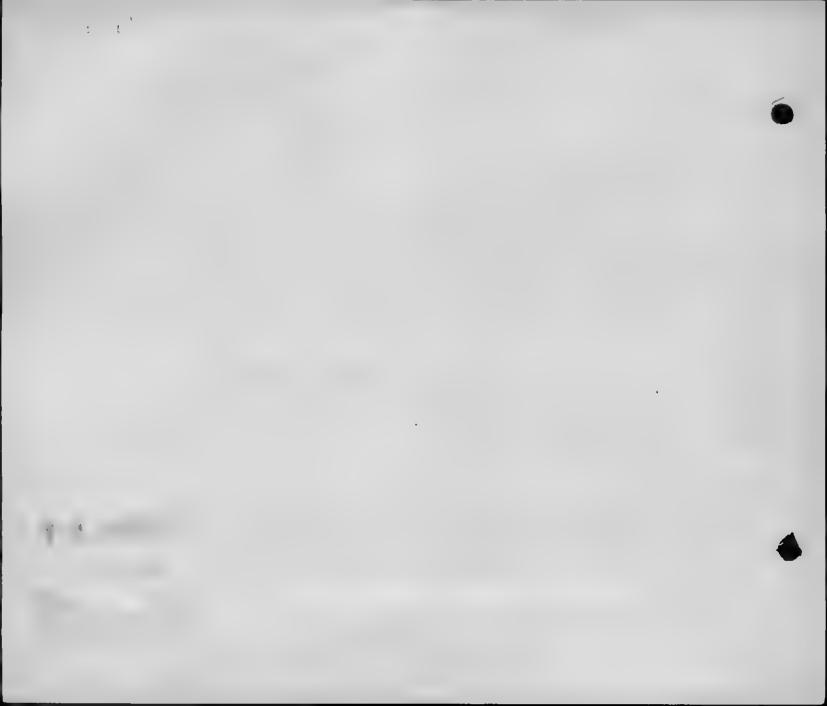
# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No.

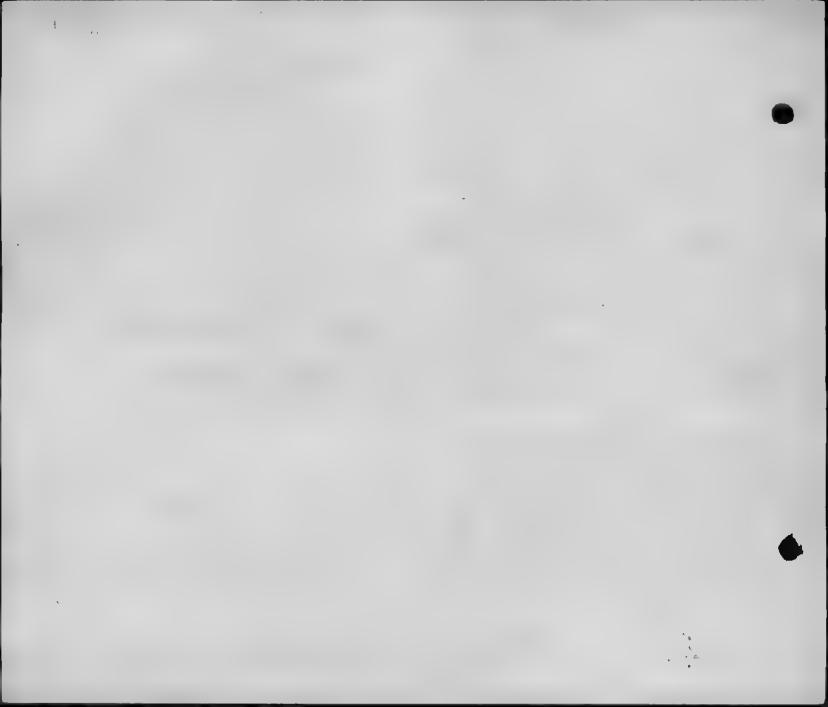
MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	/
COUNTY Balto MARYLAND	STATE COUNTY CHANGE	<b>5</b>
CITY (If outside corporate fimits, write RURAL LENGTH OF STAY OR and give negrest lown) (in this place) TOWN Cafeeralle & May 2 wolon.	CITY (If outside corporate limits write RURAL and OR TOWN Wardenards	
INSTITUTION OR 0471 #7 Eld Court Red.	STREET (If rural, give location)	85'X . 3 1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) SUSAN. REBECTA. GO:	(Last) 4. DATE (Month) (Day DEATH OF 16	
5. SEX: 3. SEX: 3. SEX: 3. SINGLE, MARRIED, WIDOWED, DIVORCED, Specify): 1. July 100 Miles	9. AGE last birthday: If UNOER 1 yrs. Months D	ays Hours Min.
198. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF work done during most of work life, even if retired): Housewife Since Since	a sem car have	COUNTRY!
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Oscar White	marg. murray.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: Turn Turara. Spile	and day
	AL CERTIFICATION	7.5
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH;		INTERVAL BETWEEN ONSET AND DEATH
428.2 Ela 7	mas andition	10 470.
Immediate cause (a)	ys-carditis	1
Antecedent cause(s)	leocystitis Littinsis	- 3 M/20.
Diseases or conditions, if any, (b) giving rise to the above cause DUE TO		
stating underlying cause last		
II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	4	1 -
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	thritis	10-12-ho
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		26. AUTOPSY? Yes No K
PRIMARY ☐ or CONTRIBUTING ☐ OF street, office bldg., etc. CAUSE OF DEATH.	prine_	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while	Zir. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains describ	ed above, held an Autopsy 🖂, Inspection 🔀	, Inquiry X, and
find that death resulted from: Natural causes 📜, Accid	ient [], Suicide [], Homicide [], Undete	
SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
N.D. Caples	M. D. ASSISTANT MEDICAL EXAM.	10-16-55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify): OCT 19, 1955 WAR JENSUAL	WEST VIRGINIA	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Det 16/20 March a restel	SIOVER STRAN	Sburg VA.

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15A - 5 - 53 PLEASE

MARGIN MISERVID FOR BINDING



1. FRACE OF DEATH:	2. USUAL RESIDENCE (RUME) OF DECEASED:
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY - Balbimore
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Riderwood (in this place)	
NOSPITAL OR INSTITUTION OR STREET ADDRESS Sorenson Nursing Home	STREET (If rural, give location) ADDRESS 1521 E. 28th Street
3. NAME OF (First) Middle)	(Last)   4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) JAMES D.	OLDRICK DEATH 10 19 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT WIDOWED, DIVORCED, Specify: widowed Jun	TE OF BIR1H: 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS. 10. 27. 1875 80 yrs Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS (work done during most of work life, INDUSTRY: even if retired): Ret. Loan Office	Baltimore, Maryland  11. Birthplace (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?  USA
13. FATUER'S NAME:	14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EYER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: Mrs. Wm. Mc Callister, 1521 E. 28th Street
	CAL CERTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEATH
Immediate cause (a) Arteriosclerotic	c. cardiovascular disease
Antecedent cause(s)	
Diseases or conditions, if any, (b)	1 10 1 10 1 10 1 10 1 1 1 1 1 1 1 1 1 1
giving rise to the above cause DUE TO stating underlying cause last (c)	
II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes [] No. (5)
21a. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH.  21b. PLACE (Home, farm, factor OF atreet, office bldg., et	С.,
21d, TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED  OF INJURY  M. While at Not while work □ at work □	211. HOW DID INJURY OCCUR?
	ibed above, held an Autopsy 🗌 , Inspection 🎦 , Inquiry 🔲 , and
	ident □, Suicide □, Homicide □, Undetermined cause □.
SIGNATURE Willia Wanted	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. TO 10/19/55
REMOVAL (Specify): 10/22/1955 Parkwood Ce	
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	Leonard J. Ruck, 5305 Harford Roa # 14





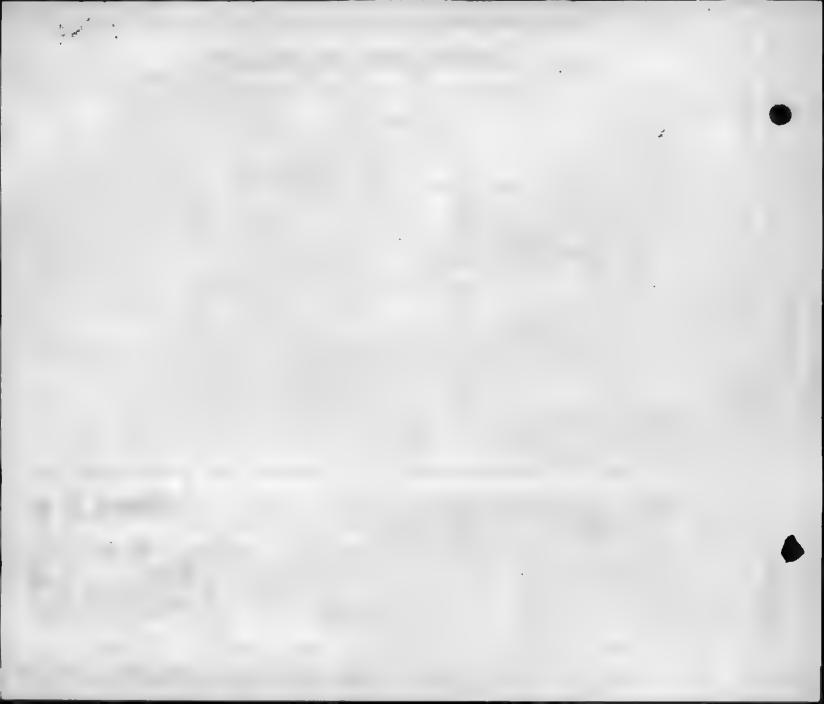
09441

9379

# CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY BATLTO, MARYLAND	STATE MY A COUNTY DAYS
CITY (If outside corporete limits, write RURAL   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR end give geenst town) TOWN  VNPALL  22  (in this place) 22  75	TOWN DUNDALK 22
HOSPITAL OR INSTITUTION OR	STREET ADDRESS ADDRESS ADDRESS ADDRESS
* STREET ADDRESS 153 Ventur Terrene	133 VENTNOR TERRACE
3. NAME OF (First) DECEASED (Type or Print) RANKLIN HARRISON (	-RAMMEZ  OBATE (Month) (Day) (Yaar)  OF DEATH 10 - 28 - 19 53
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED, Specify NORCED BCT.	
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
GEC. W. GRAMMER	ANNIE E EBBERT
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, ps. by ynk.) [If Yas, give wer or datas of sarvice] 215-16-5/15	VELMA ALBREOHT -SAME
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
162 X IMMEDIATE CAUSE (A) L SRONCHO 9911	ic CA 1 year
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST,  DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,	
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO A
21a. ACCIDENT WAS UNDERLYING [] CAUSE OF DEATH [] 21b. PLACE (Home, form, factory, OF INJURY street, office bidg., alc.] [] OF INJURY street, office bidg., alc.]	1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED While Mr. al work et work	21. HOW DID INJURY OCCUR?
	1055 112-28 1055 Hill
16 3 C	19.55, to 16.75 that I last saw the deceased
	// ADDRESS (Since), city, Jown, stete) DATE SIGNED
SIGNATURE COOL M.D. 2	King him Red well 22 10. Date SIGNED
23, BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (State)
BURIAL MS1-55 BT PAUL	5 MATTHEW ( In.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE (CC) 20-1470 Wellen m/900	for Hendley, Hudget Mit



	The	MARYLAND STATE DEPARTMENT 9452 CERTIFICATE	•	19442
		CHITTICATE		
	ful] bly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
-	ion careful	COUNTY_ BaltimoreMARYLAND	STATE MATYLA COUNTY	
	d l	CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN Catons ville  19 years	CITY(If outside corporate limits, write RURAL a	and give nearest town)
	utio an		TOWN Baltomore City	11-1-4-
	F. Be	HOSPITAL OR INSTITUTION OR INSTITUTION OR	STREET (If rural give location)	. ,
(	Jet cles	Street Address Spring Grove Hospital	3406 Keene_Avenue	
	m of informa	DECEASED HINNER AND	ASEC 4. DATE (Month) () OF DEATH: 10	Day) (Year) 19 55
	it of	RACE: WIDOWED, DIVORCED,	9, AGE last birthday Months I	YEAR IF UNDER 24 HRS. Days Hours Min.
	every	TOA. USUAL OCCUPATION (Give kind of) 108 KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 112.	CITIZEN OF WHAT
0	every	work done during most of working life. even if retired): housewife	U.S.A.	COUNTRY
Z Z	pply the c	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	U.S.A.
BINDING		(?) Neely	(?) Coggins	
		15. WAR DECEASED EVER IN U.S. ARMED FORCES! IS SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:HATVEY LITE	120
FOR	INK.	(Yes, no, or unk.) (If Yes, give war or dates of service)	5318 Plymouth Rd. Balto, Md	
	75 행	18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
RESERVED	ADIN(	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
唐	AD 8:	1450.0 IMMEDIATE CAUSE (A) Generaliz	ed Arterioclerosis	
SS	UNFAI sicians:	ANTECEDENT CAUSE (8)		
		DISEASES OR CONDITIONS, IF ANY, (B) Senile Par	ychosia	
MARGIN	WITH it. Phys	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.		
RG	basé	1903.71 (c) Malnutrit	ion and Debydration	
MA	Y, tan	IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	AINLY, Wimportant.	DISEASE OR CONDITION CAUSING DEATH.		
	LAII y im	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	WRITE PLAINLY, especially, importa	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		ty) (State)
	RI	210 TIME (Month) (Day) (Year) (Hour) 1 21E/INJURY OCCURRED	A 21F. HOW DID YNJURY OCCUPAND	
	rsP-	OF INJURY 27, 1955 M. While at work at work	Slipped and fell	
	0 9	22. I hereby certify that I attended the deceased from June		
0 - 53	SE TYPE	alive on Oct.4 ., 19 55, and they leath occurred at SIGNATURE	7:30 AM, from the causes and on the date	stated above. TE SIGNED
1	SE		D. ERY OR CREMATORY   LOCATION (City, town, or	r county) (State)
15-	₹.	REMOVAL (SPECIFY)	~ 3	4
4	PLE	Burnal 10/6/ VV MOO d/A	24. FUNERAL DIRECTOR	ADDRESS OF
V (S)	1	REGISTRAR 10/5/55 Printeducefy Lit	semand & Ruck 5305/	taiford RV.



MARYLAND STATE DEPARTMENT OF HEALTH-

Street

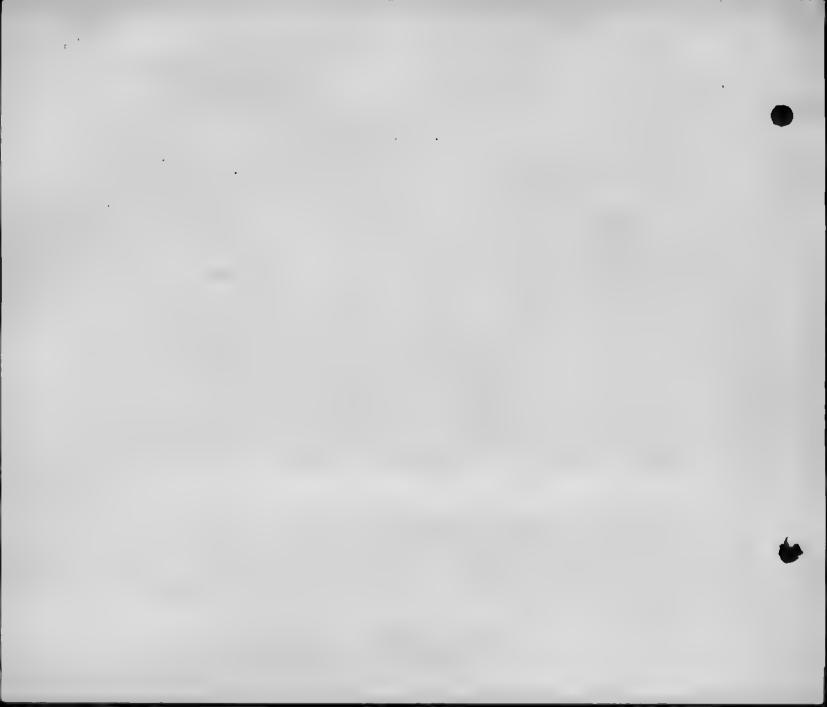
				,	
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	N

I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Baltimore Maryland COUNTY STATE carefully. T and legibly MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town) OR and give nearest town) 8yr. 2mos. 27daysTOWN Bal timore HOSPITAL OR JUSTITUTION OR (If rural, give location) STREET ADDRESS STREET ADDRESS Spring Grove State Hospital 1628 N. Durham Street of information f death clearly (Last) (First) (Middle) 4. DATE (Month) DECEASED: OF Robert DEATH October (Type or Print) Griffin 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: | IF UNDER 1 YEAR | IF UNDER 24 HRS. WIDOWED, DIVORCED, RACE: Months Days Hours (Specify): Widowed Male 8-19-1871 II, BIRTHPLACE (State or foreign country) : 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT INDUSTRY: work done during most of work life, COUNTRY? Supply every item write the causes of even if retired) :Plasterer Marvland ontractor USA 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Charles Griffin Susan Bill 15. Was Deceased Ever In U.S. Armed Forces ?! (Yes, no, or unk.) (If Yes, give war or dates of Unknown | service) 17. INFORMANT & ADDRESS: 16. SOCIAL SECURITY No.: Records Spring Grove State Hospital Unknown 18. MEDICAL CERTIFICATION INTERVAL BETWEE I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH INK. (a) ... Acute cardiac failure. Immediate cause DUE TO UNFADING Physicians: Antecedent cause(s) (b) ... Arteriosclerotic heart disease ... Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last Generalized arteriosclemsis 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. PLAINLY, WITH pecially important. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY ? Yes 🗌 No 🛣 21a. EXTERNAL CAUSE WAS (County) (State) 21b. PLACE (Home, farm, factory, 21c. (City or town) PRIMARY Or CONTRIBUTING street, office bldg., etc., CAUSE OF DEATH. INJURY 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? 21d. TIME (Month) (Day) (Year) (Hour) Not wbile INJURY at work 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry 🚮, and find that death resulted from: Natural causes TACcident . Suicide . Homicide . Undetermined cause . RITI is e CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER SIGNATURE ₩ Se ASSISTANT MEDICAL EXAM. 23. BURIAL, CREMATION, REMOVAL (Specify): DAYE/THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Loudon Park. Cemeterv 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS

BINDING FOR MARGIN

The correct

PLEAS



## MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles Street, Baltimere

# Reg. Dist. No.

9454

# CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED. 1. PLACE OF DEATH. COUNTY STATE COUNTY GALTIMORE MARYLAND MARYLAND OR give nearest town) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) (in this place) MiddLE RIVER TOWN HOSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS HOME MPLER STREET ADDRESS 3. NAME OF (First) (Middle) (Last) (Month) (Year) (Day) DECEASED OF STANISLAUS
7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify) MARRIED RUSZ 027 DEATH (Type or Print) 195 3 COLOR OR RACE 8. DATE OF BIRTH 2. AGE last birthday | If under 1 year | If under 24 hrs. Months Days | Hours | Min. 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, evon if retired) COUNTRY? INDUSTRY ROLLING MILL 4A BORER POLANG 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOSEPH UNKNOWN 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECRASED EVER IN U.S. ARMED FORCES? ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of CR WAMPLER RA service) INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH terco-peleratie audio- noula baiane Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a, DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 Yes 🔲 (CITY OR TOWN) 21. ACCIDENT PLACE (Home, farm, factory, street, (COUNTY) (STATE) (Specify) office bldg., etc.) SUICIDE HOMICIDE INJURY INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) While at Not While At work INJURY Work 1955 to Oct. 8 , 1957 that I last saw the deceased 22. I hereby certify that I attended the deceased from 1953., and that death occurred at .... alive on A.m., from the causes and on the date stated above. (Degree or title) SIGNATURE Ruces LOCATION (City, town, or county) BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY (State) REMOVAL (Specify) STANISLAUS BURIAL 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL REG.

WRITE

PLEASE

(Day)

Days

(Year)

19 55

IF UNDER 24 HRs.

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY1

(State)

Hours |

COUNTRY?

COUNTY

NWOT

3. NAME OF

DECEASED:

and

early

C

Ť

the

te

ease

딥

Physicians

ئب

imi

OF INJURY

information

O.F

item

Supply

INK.

DIN

WITH

INL

<ď 집

 $\leq$ 

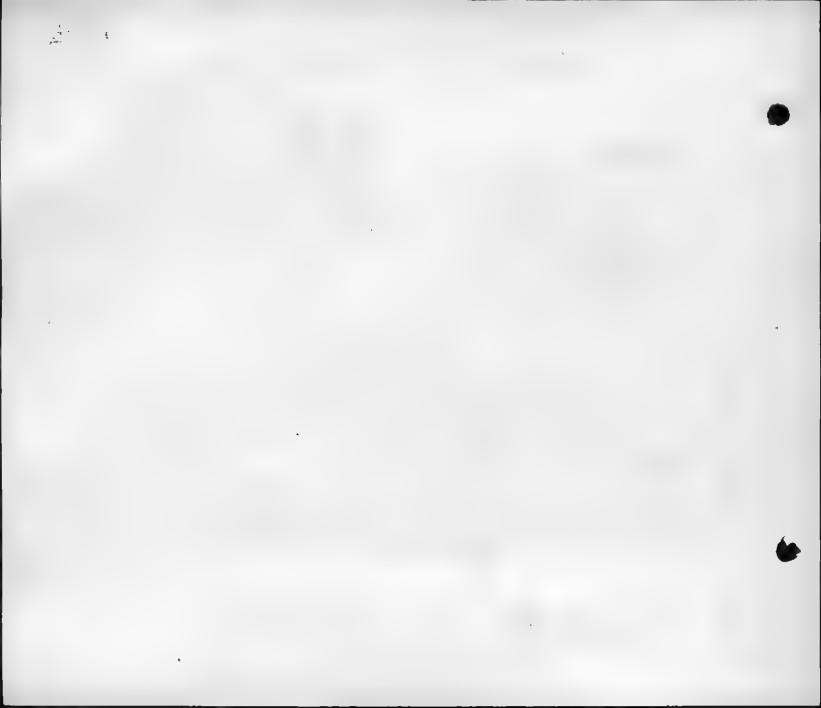
础

22. I hereby certify that I attended the deceased from /6 - /3 , 1955, to 10 - 25, 1955, that I last saw the deceased , 1955, and that death occurred at ? . M, from the causes and on the date stated above. alive on 10-R4 SIGNATURE

NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 23. BURIAL, CREMATION

REMOVAL (SPECIFY) Burial

24. FUNERAL DIRECTOR DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS REGISTRAR



Myocardial Infarction

Z se Ö Ż ā Id WITH Z

and

clearly

death

Jo

causes

the

te te

WFI

ea

TOWN

5. SEX:

Male

13. FATHER'S NAME:

sicians: ANTECEDENT CAUSE (8) Coronary arteriosclerosis DISEASES OR CONDITIONS, IF ANY, (B) Phy GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. Generalized artemiosclerosis (C) important, II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Multiple pulmonary abscesses DISEASE OR CONDITION CAUSING DEATH. 19A DATE OF OPERATION: I 198. MAJOR FINDINGS OF OPERATION PLAI 21a. ACCIDENT WAS UNDERLYING AT PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. 21c WHERE DID (City or town) RITE INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While Not while at work L at work - 12 出 , 19 53 to 10-11- , 19 55, that I last saw the deceased" 0 22. I hereby certify that I attended the deceased from 7-. 日日 럾 , 19 55, and that death occurred at 8:00A.M. from the causes and on the date stated above. alive on 10-11-SIGNATURE Spring Grove State Hospital LX , La nees NAME OF CEMETERY OF CREMATORY SE 23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY) ⋖

REGISTRAR'S SIGNATURE

6-

Harus

(A)

DUE TO

10A. USUAL OCCUPATION (Give kind of, 108. KIND OF BUSINESS

work done during most of working life, even if retired) Farmer

IS. WAR DECEASED EVER IN U.S. ARMED FORCEST

John Hamilton

4 20.1

DATE REC'D BY LOCAL

IMMEDIATE CAUSE

(If Yes, give war or dates of service) 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

18. SDCIAL SECURITY NO.

OR INDUSTRY:

Records Spring Grove State Hospital

14. MOTHER'S MAIDEN NAME:

17. INFORMANT & ADDRESS:

24. FUNERAL DIRECTOR

maryland

INTERVAL BETWEEN

Catherine C. Dyer

11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT

ONSET AND DEATH Approx. week

> Years Years

Years

20. AUTOPSYI NO (State)

(County)

DATE SIGNED

**ADDRESS** 

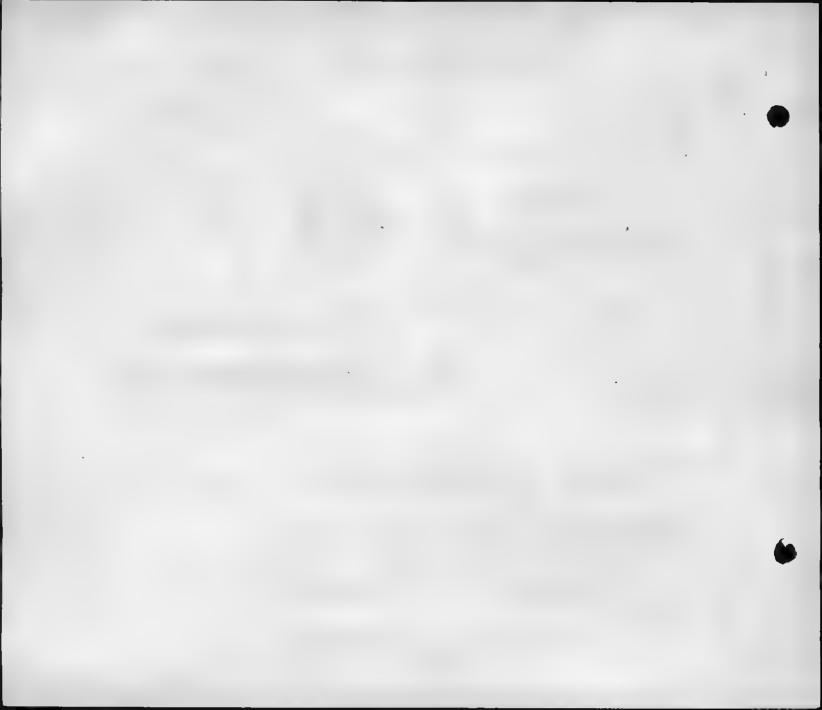


# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9457 CERTIFICATE OF DEATH

Rev. Dist No.

	Neg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY ( ) EL VILLE MARYLAND	STATE Md. COUNTY Balto Coun.
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
TOWN Configuration (in this place)	TOWN BREWRYSUILLE X
HOSPITAL OR Spring grove State Hospital	STREET (If rural give location)
3. NAME OF (Firstora) (Middle) DECEASED: (Type or Print)	(Last) (Hare) 4. DATE (Month) (Day) (Year) OF DEATH: 40 30 1955
	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRE.
fem. white (Specify): widow 6-1	19-63 Pyrs. Months Days Hours Min.
WORK done during most of working life.  even if retired:	BALTO. CO / 12. CITIZEN OF WHAT
13. FATHER'S NAME:	14, MOTHER'S MAIDEN NAME:
Solo may Wolfgang	Margart Sarrett.
(Yes, no, or unk.) (If Yes, give war or dates	47. INFORMANT & ADDRESS:
of service)	Mrs. Maria Measley 5214 Midwood
18. MEDICAL CERTIFICAT	ION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) GENEROL	Lizzard nondetrines Service
IMMEDIATE CAUSE (A) DUE TO	Tene or close may 11
ANTECEDENT CAUSE (8'	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED While   Not while   at work   at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from II.	, 1914, to 10, 30 , 1917, that I last saw the deceased
alive on [C. XC 1985], and that death occurred at	M. If a M, from the causes and on the date stated above.  ADDRESS  DATE SIGNED
Rena Bacher M	.o. proflere Happilal 10130 155
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE 13 UT 1AL 11-2.55 HOTTES & 1.	BAPTIST Hereford Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	E4. FUNERAL DIRECTOR ADDRESS



# 9458

# CERTIFICATE OF DEATH

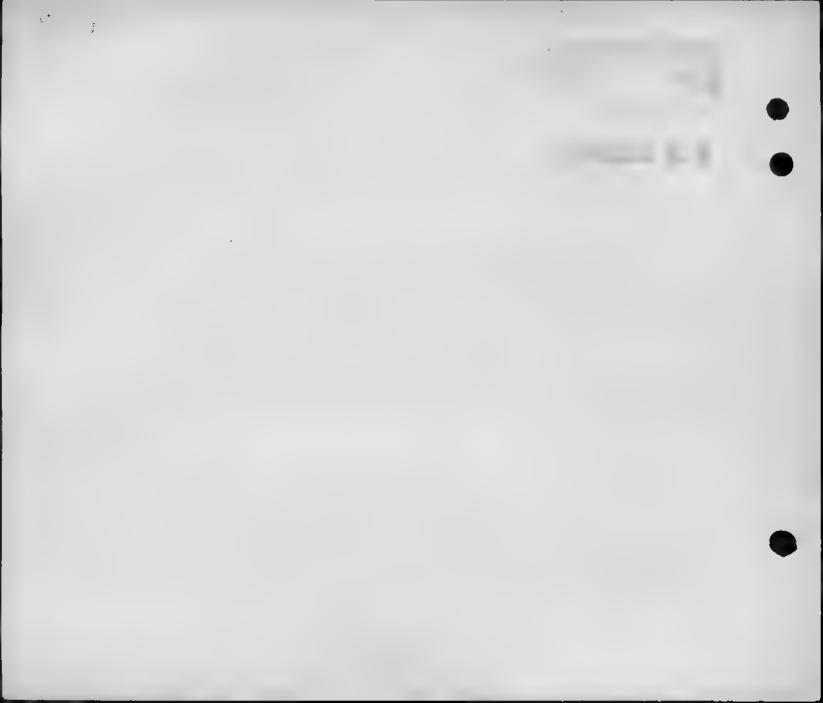
20

FOR MEDICAL	L EXAMINERS Reg. Dist. No	
I. PLACE OF DEATH- COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	YBBA
CITY (I] outside corporate limits, write RURAL and   LENGTH OF STAY	STATE MARYLANP COUNT	DALIO.
X TOWN give nearest town CUB HILL (in this place)	TOWN CUB HILL	ve nearest town)
HOSPITAL OR INSTITUTION OR 9947 HARFORD ROAD	ADDRESS 9947 HARFORD ROAL	, /
3. NAME OF (First) (Middle) DECEASED CALLES	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) ENILY CLIFTON HARR	ISON DEATH OCT. 2	1950
FENIALE WHITE Specify SINGLE (Specify) SINGLE	S. DATE OF BIRTH 9. AGE last birthday If under Months	t year If under 24 hr Days Hours Min
	1 11. BIRTHPLACE (State or foreign country) 1 12	COUNTRY! WHAT
done during most of working life, even if retired INDUSTRY  SANK SECRETARY - KETIRED SAVINGS BANK  13. FATHER'S NAME		COUNTRY
Marian Turner Marian	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yee, no or unknown) (If yee, gly, was or dates of service) NON E	FAMILY RECORDS	
IR. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TOTAL DATAMA	INTERVAL BETWEEN
		OMPET AND DEATH
Immediate cause (a) Quana	in Californ	Judda
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	I	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
198. DATE OF OPERATION   196. MAJOR FINDINGS OF OPERATION		20. AUTOPSYT
		Yes No 🗔
PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while NJURY m,	HOW DID INJURY OCCUR?	
22. I certify that I took chorge of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that said decent from; natural causes accident, suicide, homicide, SICNATURE (Degree or title)	eased died on the dry stated obove, and death in my	from the evidence opinion resulted
All a ellost I mult men	-7. 01- Land P. 1. K.	10/1
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	ERY OR CREMATORY / LOCATION (City, town, or coun	tv) (State)
BURIAL Specify) OCT. 24 1955 PROSPECT A	YILL CEMETERY TOWSON, MARY	LAND
DATE REC'D BY LOCAL   REONSTRAR'S SAGNATURE	24 FUMERAL DIRECTOR	ADDRESS /
REG. 10/Ac/co 1/11. Sore	John Buren In Tour	11.

PLEASE WILLE PLAINLY, WITH UNFADING INK. Supply mvery item at information carefully. is especially important. Physicians: mlease write the cause of death clearly and legibly. MARGIN RESERVED FOR

MINDING

The commech at.



legibly.

and

clearly

m of i death

ij

the

ease

겁

sicians

important.

careful

information

item

every

Supply

ADING

UNF

WITH

AINLY

PL

OR

TYPE

SE

EA

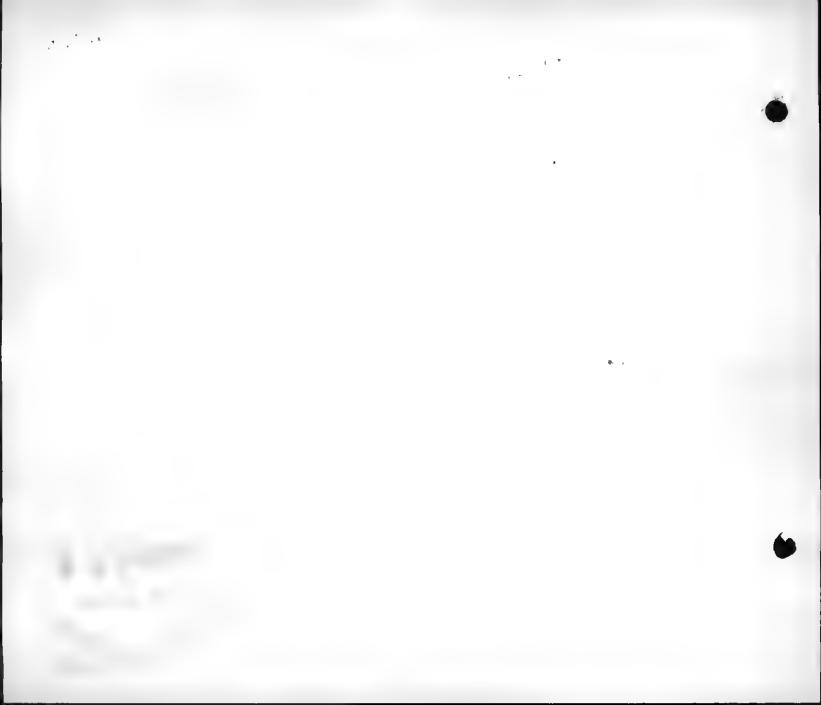
2

A15.

S

FOR BINDING

MARGIN RESERVED



9380

The correct age

MANUEL RESERVED FOR BETTING

2411 N. Charles Street, Baltimore

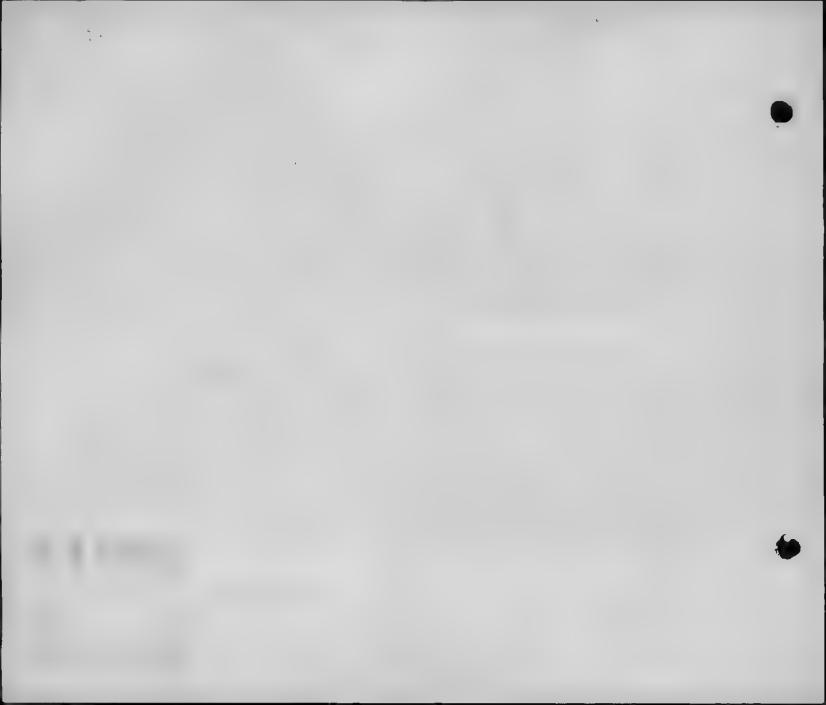
## CERTIFICATE OF DEATH

eg. Dist. No.

0		
£	1. PLACE OF DEATH-COUNTY DO 1	2. USUAL RESIDENCE (HOME) OF DECEASED.
5.	CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
13g	OR give nearest town) DU NUD LIC 22 (in this place)	TOWN DUNDALL 22
of information carefully death clearly and legibly.	HOSPITAL OR INSTITUTION OR STREET ADDRESS 120 PINE 12000 Rd	STREET (If rural, give location) ADDRESS 1720 F. SE WESD R. 41
ation ly an	3. NAME OF (First) (Middle) DECEASED (Plant)	HEFRICHT DEATH (Month) (Day) (Year) OF DEATH (U - 10 - 1955
orm	(Type or Print)  6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED.	8. DATE OF BIRTH   9. AGE last hirthday   If under 1 year   If under 24 hrs.
Ed.	(Specify)/// (AKKIE)	1697 × 1911 47 m.
m of inf f death	10s. USUAL OCCUPATION (Give kind of work 10b. Kind of Business of done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
y ite	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
every item le causes of d	15. WAS DECRASED EVER IN U.S. ABMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) service)	RICHARD K. HEFRICHT - SPINE ADMESS
5.49	18. MEDICAL CE	RTIFICATION
Supples e write t	1. DISEASES OR CONDITIONS DIRECTLY LANDING BEATH	laces les hamon hage 48 tres
INK. please	Immediate cause	
	Diseases or conditions, if any, (b)	mon to yes
UNFADING t. Physicians:	giving rise to the above cause stating the underlying cause last	
NFA.	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
54	reinted to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY!
Hast	198' District Or Or D	Yeo O No M
LAINLY, WITH especially importan	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., otc.)  HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
PLAINLY, is especially i	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
AIN	injury m.   Work   At work   9-12	10.57 /0.10 10.57
P4 22	22. I hereby certify that I attended the deceased from 7	19.3., to 19.3., that I last saw the deceased
85	alive on	ADDRESS DATE SIGNED
WRITE	Jack Stallins M.D. De	mobald Mel 10-12.5%
	23 AURIAL CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or county) (State)
PLEASE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ADDRESS
144	CC 12-1955 William M. Nelly.	wellhow to day, hell - by All



	د	9391 MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18	451 Reg. Dist.
	correct		RTIFICATE OF DEATH	No
		1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	443
	ibly	COUNTY MARYLAND  CITY (If outside corporate limits, write RURAL LENGTH OF STAY	STATE COUNTY CITY (If outside corporate limits write RURAL ar	nd give negrest town)
	carejuny. The and legibly.	OR and give neget town) (in this place)	TOWN Herburne	€ & X = ?
. \	y and	HOSPITAL OR PRINSTITUTION OR STREET ADDRESS OF LINES SAIL SAIL	ADDRESS / 21 armstead /	st.
	death clearly	3. NAME OF DECEASED: (Middle) Their (Middle) Their (Type or Print)	(Last) 4. DATE (Month) (Da OF DEATH (CL )	(Year) 19 J J
	intor leath	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):		YEAR   IF UNDER 24 HRS. Days   Hours   Min.
Ġ	0 to	work done during most of work life, LNDUSTRY:	/)	2. CITIZEN OF WHAT COUNTRY?
BINDIN	every iten he causes	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
	P.43	15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) 205 05 60/9	Mare Kaesar ann	les pl
KVED	INK. Suppli	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  420./ Immediate cause  (a)  DUE TO	CAL CERTIFICATION  Alienteria	INTERVAL BETWEEN ONSET AND DEATH
RES	ড <u>।</u>	Antecedent cause(s)	0	
	ADIN	Diseases or conditions, if any, (b)		
¥ :	Physic	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	important.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	and harden as an in a second of the second o	20. AUTOPSY?
1	int,	21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc		(State)
)	LAINLY cially im	21d. TIME (Month) (Day) (Year) (Hour)   21s. INJURY OCCURRED   While at Not while   Not work   M.   work	21f. HOW DID INJURY OCCUR?	
	especial in	22. I hereby certify that I took charge of the remains described that death resulted from: Natural causes Accident		
5	WRITE PLAIN ge is especially	SIGNATURE SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM	DATE SIGNED
	ES.	REMOVAL (Specify):	TRY OR CREMATORY LOCATION (City, town, or	county) (State)
100	LEA	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	72 ADDRESS



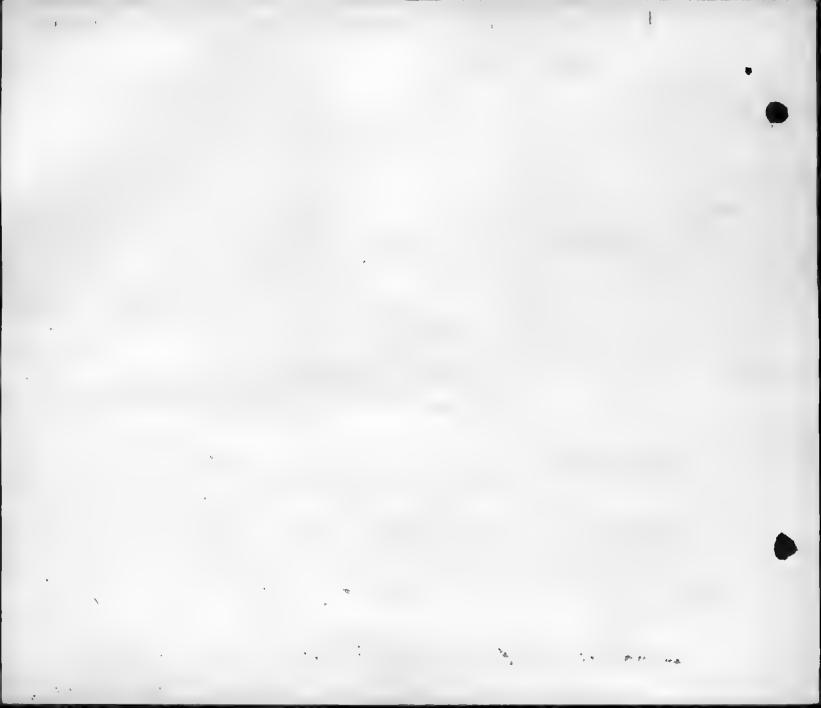


MARGIN RESERVED FOR BINDING

VS. A15 — 10:53

PLEASE TYPE OR WI

	QAC1 CERTIFICATE	E OF DEATH Reg. Dist.	No.
<u>&gt;</u>	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	1
legib	COUNTY Baltimore MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY	STATE Maryland COUNTY Ralt	
and	OR and give nearest town)  Y TOWN Mt. Wilson 368 days	TOWN Baltimore 29	3 V 1 / 4
early	HOSPITAL OR INSTITUTION OR STREET ADDRESSMT. Wilson State Hospita.	ADDRESS (If rural give location) 511 Yale Avenue	
death clearly	DECEMBED.	(Last) 4. DATE (Month) (D	(Year)
of de	5. SEX. 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE iast birthday IF under 1 Y	FAR IF UNDER 24 HRS.  Lys Hours Min.
anses	Male White (Specify) Married 5/7/  10A USUAL OCCUPATION (Give kind of 10s. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:  even if retired): Inspector Gas & Elec. Co.	11. BIRTHPLACE (State of foreign country): 12.  Maryland	COUNTRY?
Je o	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME.	I-S.A.
n EE	Charles Hilbert	Minnie Carl	
se writ	15. WAR DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.		n St. Hosp.
pleas	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
ans:	DUE TO	of the Lung	1½ yrs.
Physicians	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	sis, pulmonary	2 yrs.
	(C)		
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
y imp	19a DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
especially	21A ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	ory 21c. WHERE DID (City or town) (County etc. INJURY OCCUR?	(State)
s esp	OF INJURY  OF INJURY  OF INJURY  OCCURRED  White Not while at work at work	21F. HOW DID INJURY OCCUR?	· · · · · · · · · · · · · · · · · · ·
96	22. I hereby certify that I attended the deceased from 10/2	20, 154, to 10/23, 1955, that I last	saw the deceased
ಭ	l	P. M, from the causes and on the date s	
correct	23 BURIAL. TON. DATE THEREOF NAME OF CEMETE	D. Mt. Wilson, Maryland	Property Control of the Control of t
	BURIAL 10/28/55 WEST	ERN BALTO.M.	<b>D</b> .
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	24. FUNERAL DIRECTOR	ADDRESS



VS. A15

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (	9454
correct	9462 CERTIFICATE OF DEATH Reg. Dist.	No
	I PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
The oly.	COUNTY BALTO MARYLAND STATE MP COUNTY	NY BALTO
urfý. legil	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)  54 TOWN ESSEX  CITY (If outside corporate limits, write RURAL and OR TOWN ESSEX	d give nearest town
aref	HOSPITAL OR STREET (If rural give location)	7
	ON STREET ADDRESS 7/9 S MARKYN AVE ADDRESS 7/95 MARKYN	AUE
information leath clearly	3. NAME OF DECEASED: (Middle) Hildebyand 4. DATE (Month) (Day) OF DEATH: OCT. 3	(Year)
inford	5. SEX: S. COLOR OR RACE: S. COLOR OR WIDOWED, DIVORCED, S. DATE OF BIRTII: S. AGE last birthday: IF UNDER 1 VE	AR IP UNDER 24 HRS.
of i	The INVIAT OCCUPATION Care, kind of 11th KIND OF BUSINESS OF 11 HIPTHPLACE (State or fareign country). 112. C	ITIZEN OF WHAT
۳ د	work done during most of working life, INDUSTRY: even if retired): IRON MOLDER PETH STEEL GERMANY	60 yea.
ry iter	13. FATHER'S NAME:	
every ne cau	JOHN HILDEBRANDT ANNA KOENIG	
> =	15 WAS DECRASED EVER IN U.S.ARMED FORCES! 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS:  (Yes, no, or unk.) (1f Yes, give war or dates of service)  LEVA E HILDEBRANDT	
Suppl	18. MEDICAL CERTIFICATION	Interval Betwee
1	1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Onset And Deat
INK.	Immediate cause (a) Derebrat apoplexy	Judden
r is	Immediate cause  (a) Berebral apoplexy  Antecedent causes (s)  Diseases or conditions, if any, (a) Internal clienter Caudia-Dasenter Alexander	2 ms
UNFADING Physicians:	giving rise to the above cause stating the underlying cause last.	
UNE. Physi	11. OTHER SIGNIFICANT CONDITIONS	1
, , ,	Conditions contributing to the death but not related to the disease or condition causing death.	
Y, WITH	19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY ?
W	21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,   (CITY OR TOWN) (COUNTY) (S'	Yes No
-	SUICIDE OF office bidg., etc.) INJURY	
E PLAIN especially	OF   While at Not While   Not Work   At Work   Not While	
	22. I hereby certify that I attended the deceased from Oct. 2,19 63, to Oct. 3, 1965, that I last	saw the deceased
WRITE ge is es	alive on OJ 3, 1965, and that death occurred at 9 A.M, from the causes and on the date s	tated above.
WR	MARiem audner M.D 8552 Muly Ret Balto L 101	13/55
⊕ <sup>≪</sup>	23. BURIAL, CHEMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or con	inty) (State)
EAS	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR	ADDRESS
PLI	WEGISTRAR 55 STRACE Zul- John & Connelley.	sact 21
	1 un 1	and.
	,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 21 Film G188 11-9-55 am Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: legibly. COUNTY Baltimore MARYLAND COUNTY CITY(If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL) LENGTH OF STAY (in this place) and give nearest town) OR information TOWN V TOWN clearly HOSPITAL OR STREET (If rural give location) ADDRESS INSTITUTION OR STREET ADDRESS (First) (Middle) (Last) DATE (Day) (Month) (Year) 3. NAME OF death DECEASED OF of (Type or Print) DEATH item COLOR OR 17. SINGLE, MARRIED 8. DATE OF BIRTH: 9. AGE last birthday IF UNGER I YEAR RACE: (Specify) WIDOWED, DIVORCED, of Months' Days Hours every causes KIND OF BUSINESS IOA. USUAL OCCUPATION (Give kind of 10B (State or foreign country): |12. CITIZEN OF WHAT work done during most of working life, OR INDUSTRY COUNTRY? even if retired) :/ Supply 13. FATHER'S NAME: DECEASED EVER IN U.S. ARMED FORCEST IS. SOCIAL SECURITY NO. or unk.) (If Yes, give, war or dates of service) NOME 18. MEDICAL CERTIFICATION INTERVAL BETWEEN O I DISEASES OR CONDITIONS DIRECTLY LEADING TO-DEATH ADIN 百 ONSET AND DEATH (A) IMMEDIATE CAUSE UNE DUE TO ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST ⋛ important. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE KINLY DISEASE OR CONDITION CAUSING DEATH 19a. MAJOR FINDINGS 20. AUTOPSY YES [ NO 21A. ACCIDENT WAS UNDERLYING 218 PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) OF INJURY street, office bldg., etc. OR CONTRIBUTING CAUSE OF DEATH INJURY OCCUR? Bal to. Md. (1F EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) Not while OF INJURY while walking around bed. at work 22. I hereby certify that I attended the deceased from No 4 7. 19 \ that I last saw the deceased and that death occurred at M, from the causes and on the date stated above. SIGNATURE ADDRESS DATE SIGNED LOCATION City, town, or county) BURIAL. CREMATION NAME OF REMOVAL (SPECIFY) DAJE REC'D BY SIGNATURE LOCAL RESTRAR



strar within 72 hours after death. After this fee funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a buriat transit permit.

A15C 1-55 10M

X

0

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 9465 CERTIFICATE OF DEATH

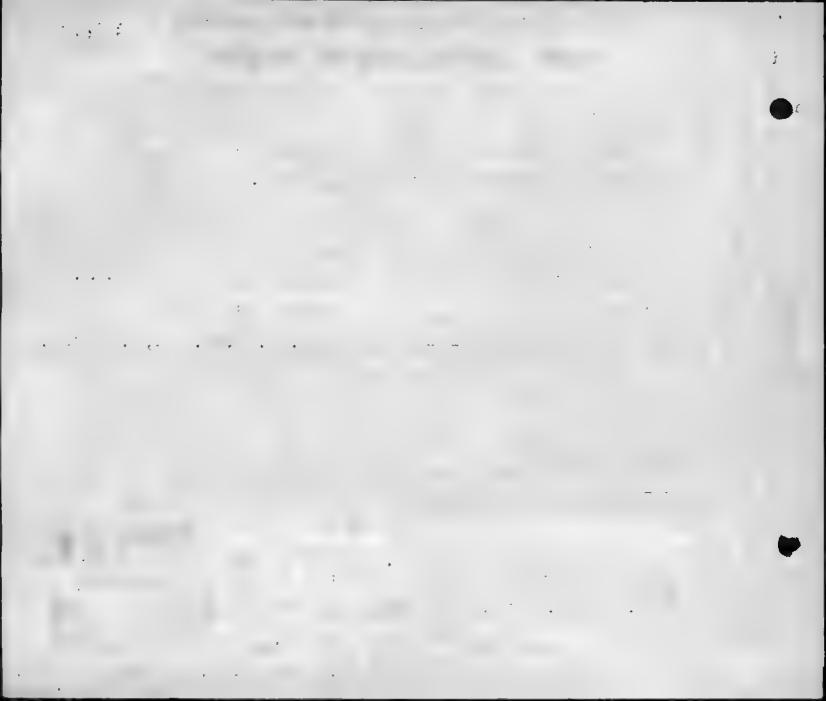
09457

Reg. Dist. No. ......

44

Md.

1, PLACE OF DEATH		Z. USUAL RESIDEN	CE (HOME) OF DECE	ASED
COUNTY Baltimore	MARYLAND	STATE Maryland	TOUNTY	
CITY (II outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside corpor	rete limits, write RURAL and gi	ve nearest town)
OR end give neerest town)  X TOWN Fort Howard	(in this place) 39 Days	TOWNBaltimon	ra	3401-4
HOSPITAL OR	) Days	STREET	(If rurel give los	
INSTITUTION OR	hisaa Maaaadda T	ADDRESS		
STREET ADDRESS Veterans Administration	olou Hosbiral	(Lest) 1037 E a	Lombard Street	
DECEASED	· ·	• •	4. DATE (Month)	(Day) (Year)
(Type or Print) MTKE		TON	DEATH Octo	per 24 1955
5. SEX 6. COLOR OR 7. SINGLE, MARRIE WIDOWED, DIV	SPCED			UNDER 1 YEAR IF UNDER 24 HRS.
Male White (Specify) Sing	gle 9/8/9	6	59 yrs. Me	nths Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work   10b. KINE	OF BUSINESS	11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT
done during most of working lifs, even if retired) Tug boat worker	INDUSTRY	Russia		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	JAME	U.D.A.
Harry Horton		Catherine M		
	SOCIAL SECURITY NO.	17. INFORMANT & A	DDRE\$5	
Yes, no, or unk.) (If Yes, give wer or dates of service)	8-07-21/17	Clin.Rec.V	et.Adm.Hosp.	Ft.Howard.Md.
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CE			INTERVAL BETWEEN
A TOP OF THE PERSON OF THE PER	Tiold on produ	77 F 6		
1.4 X IMMEDIATE CAUSE (A) CARC.	INOMA OF RECT	COM		UNKNOWN
ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE				
STATING UNDERLYING CAUSE LAST. DUE TO				
(C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION 195. MAJOR FINDINGS OF	NE COSS ATION			20, AUTOPSY?
- 5 -41		& sigmoid colo	etomz	YES NO THE
21e. ACCIDENT WAS UNDERLYING   216, PLACE (Home,	ferm, lectory,	21c. WHERE DID INJURY OCCUR	City or town)	(County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of	fice bldg., etc.)			
21d TIME OF INJURY (Month) (Day) (Year) (Hour) 21s.	INJURY OCCURRED	21f. HOW DID INJURY OCCUR	17	
While				
22. I hereby certify that attended the decease	-da-Sont 31	1055 +Ooto	hon 21, 1055	fraged there reconstitute show more d
and signature	that death occurred a		auses and on the date LESS (Street, city, town, sta	
, with the				
Francis G. Dickey, M.D. Chief, Me.	dical Semitice	VAH. FORT HO	WARD, MARYIAN	
REMOVAL (SPECIFY)	l,		LOCATION (City, lown, or	county) (State)
Burial 0c7 28 1955	Baltimore Na	ational Cem.	Baltimore, M	amvland
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	0 0 0	25. FUNERAL DIRECTOR'S	SIGNATURE	ADORESS
expect. 28, 1955 Agenson	, Farber	Wm Cook-Bligh	t. Tnc 6000 Un	rford Rd. Balto.
TOTAL TOTAL CONTRACTOR OF THE PROPERTY OF THE		<u> </u>	Martine CONTY, 110	A THE THE PARTY OF



please write the causes of death clearly and legibly.

especially important. Physicians:

WRITE PLAINLY,

PLEASE TYPE OR

# MARYLAND STATE DEPARTMENT OF HEALTH\_BALTIMORE 10 00/159

	MARILAND STATE DEFARTMEN	I OF HEALTH—BALTIMORE, 10 (	11700
	9466 CERTIFICAT	E OF DEATH Reg. Dist.	No. 3
ibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	4 .
90	COUNTY	STATE COUNTY	
and legibly	OR and give nearest town)  TOWN  CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY If outside corporate limits, write RURAL as OR TOWN Baltimore	og give nearest town
clearly	HOSPITAL OR SOTENSEN Nursing Home  OF STREET ADDRESS 7912 Ruxton Rd.	STREET (If rural give location) ADDRESS 424 Whitridge Ave.	
death c	3. NAME OF (First) (Middle) DECEASED: (Type or Print) ANNA MAY FISHER HULL	C OF Oct.	(Year) 19 55
oĮ	female white (Specify): widowed Aug.	20, 1019   00 yrs.	Hours Mln.
causes	10A. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS work done during most of working life. OR INDUSTRY: even if retired): rtd Practical Kurse - self Emp.	Mass.	CITIZEN OF WHA
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
	Lucien Fisher	Celia A. Parker	
please write	18. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY No. (Yes, no, or unk.) (If Yes, give war or dates of service) no	Mr. Harry W. Rohr - 4019 Rols	and Ave.
80 80	18. MEDICAL CERTIFICA	TION	INTERVAL BETWEEN
ď.	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
0°2	IMMEDIATE CAUSE (A) Pedar	romany Emboters.	6 hours.
iar	DUE TO		Samo
Physicians:	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	lignany Intestine.	-years.
		testain of malignary.	Graduel.
important	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
rts	TO THE DEATH BUT NOT RELATED TO THE		
odi	DISEASE OR CONDITION CAUSING DEATH.	ON CONTRACTOR OF THE PROPERTY	20. AUTOPSY?
			YES NO
especially	21a. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor Contributing 21B. PLACE (Home, farm, factor Contributing 21B. PLACE (Home, farm, factor Contribution) 21B. PLACE (Home, farm, factor Contribu	etc. INJURY OCCUR?	r) (State)
	21b. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While at work at work	21F. HOW DID INJURY OCCUR?	
e is	22. I hereby certify that I attended the deceased from Sept	.15. 1955, to Gor 4. 1955 that I last	saw the decease
age 1	alive on .C.c.7. 2 , 1955, and that death occurred at	t C. P. M, from the causes and on the date s	tated above.
correct	Signature Syaham marston.	and the same of th	E SIGNED
do.		TERY OR CREMATORY   LOCATION (City, town, or	
	Burial (SPECIFY) 10/5/55 Central C		S8.

Burial 10/5/55 DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR

FUNERAL DIRECTOR

ADDRESS





# 9459 CERTIE

REGISTRAR'S SIGNATURE

CERTIFICATE OF DEATH

Reg Dist No.

	OTO CHAIL	Reg. Dist. No
oly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
and legibly	COUNTY Baltimore MARYLAND  CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)  X TOWN Granite	STATE Mary land COUNTY Baltimore CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Granite
clearly a	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS Herndon Road
the causes of death	(Type or Print) Clemmie Mozell Irvin  5. SEX:   6. COLOR OR   7. SINGLE, MARRIED, RACE: WIDOWED, DIVORCED, (Specify): Widowed Octobe  10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home  13. FATHER'S NAME:	A. DATE (Month) (Day) (Year)  OF DEATH: OCTOBER 5, 1955  OF BIRTH: 9. AGE last birthday is under i year   Is under 24 Has.  OF BIRTH: 9. AGE last birthday is under i year   Is under 24 Has.  Months Days Hours Min.  11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?  GEORGIA 14. MOTHER'S MAIDEN NAME:
: please write	Singelton Branson  18. Was Deceased Ever IN U.S. Armed Forces: (Yes, no, or unk.) of service)  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  14.13 X	Ella Moore 17. INFORMANT à ADDRESS:  Mrs. O.B. Smith Herndon Rd.  ON Granite, Maryland Interval Between ONSET AND DEATH  CALLINGS AND DEATH
nt. Physicians	ANTECEDENT CAUSE (8)  DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	we C.C. dexeese - 10 years
important.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	
		YES NO NO
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, facto OR CONTRIBUTING AUGUST OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	
is es	OF INJURY While at work at work	
correct age	THOMAS CHIMELEN M.	D. 360/ William Roll on the date stated above.  DATE SIGNED  D. 360/ William Roll of 10355
ŭ	Burial Oct. 6, 1955 Mountain X	iew Hackett, Arkansas

24. FUNERAL DIRECTOR & MANGETT

1sworth Armacost 4600

VS. A15-10-53

item of information carefully. The

Supply every

INK.

WITH UNFADING

WRITE PLAINLY,

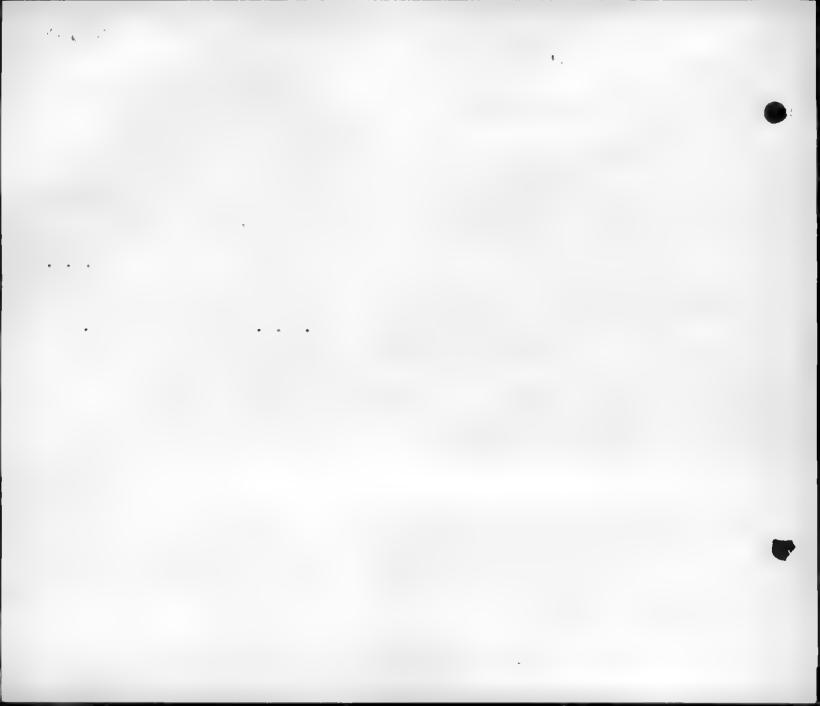
OR

TYPE

PLEASE

DATE REC'D BY LOCAL REGISTRAR

MARGIN RESERVED FOR BINDING



#### MARYLAND STATE DEPARTMENT OF HEALTH

9470

2411 N. Charles Street, Baltimore

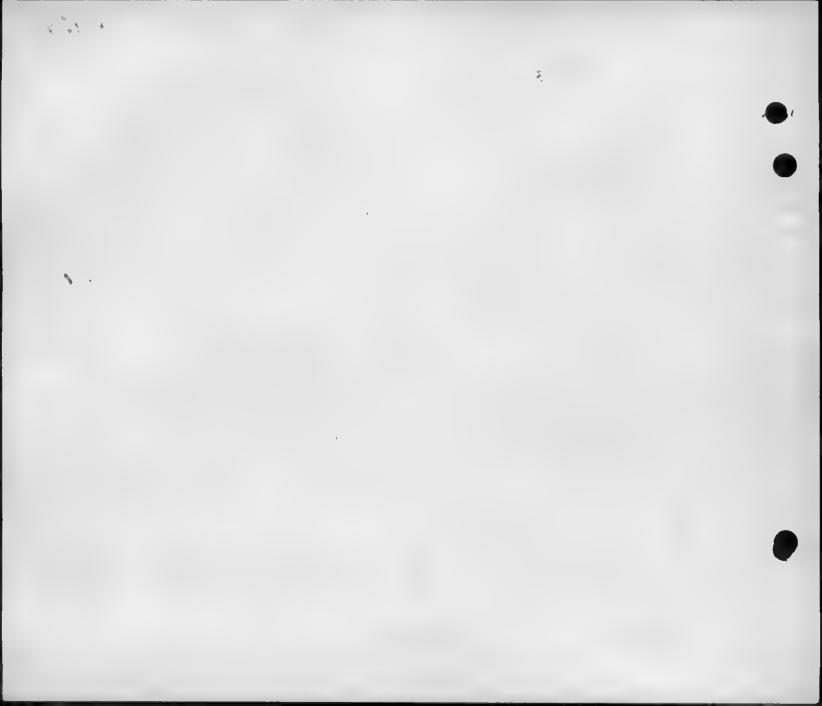
BALTU. MI)

		GERTIFICAT	E OF DEAT	H Reg. Dl	st. No
	1. PLACE OF DEATH- COUNTY Da/ to.	MARYLAND	2. USUAL RESIDENCE (		Z.To.
jbly.	CITY (If outside a report limits, write RUR OR give nearest town) TOWN			ate limits, write RUKAL	and give nearest town)
ad leg	HOSPITAL OR INSTITUTION OR STREET ADDRESS GEN AR	m, mp	STREET ADDRESS	(If rural, give locat	Ion)
arly a	3. NAME OF DECEASED (First) (Type or Print) GLENIOUS	(Middle)	ACKSON	4. DATE (Mont) OF DEATH	h) (Day) (Year)
ceats clearly and legibly.	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED)	April 18, 1896	9. AGE last birthday If M	under I year II under 24 hrs. onthe Days Hours Min.
of de	10s. USUA, OCCUPATION (Give kind of work dengeluring most of working life, even if retired) 13, FATHER'S NAME,	10h. KIND OF BUSINESS OF INDUSTRY	II. BIRTHPLACE (State)		12. CITIZEN OF WHAT
	CATHED CACKSON		LSTHER MAIDEN	A-KSON	
thes	15. Was Decrayed Ever In U.S. Armed Forces (Yes, no, or unknown) (If yes, give war or dates a service)	218053216	ANNA JACKSO	N-GENAK	m, m
write	I. DISEASES OR CONDITIONS DIRECTLY	18. MEDICAL CE ZEADING TO DEATH	Ch. L.	4	INTERVAL BETWEEN ONSET AND DEATE
please	14.20./ Immediate cause (a)	gronary	xy yarch	pn	20 Min
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	rypertense	wo ardy	ovas cula	1 DIS 10 715.
Physicians:	stating the underlying cause last (c)				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat  19a. DATE OF OPERATION   18b. MAJOR		al Astun	14.	154rs.
important.		CE (Home, farm, factory, street,	: (CITY OR	POPINI) (COL	Yee No
yimp	SUCCIDE OF INT	office bldg., etc.)	HOW DID INJURY OF		INTY) (STATE)
especially	OF INJURY m.	While at Not While Work At work	Now DID INJURY CO	CONT	
is especially	22. I hereby certify that I attended the		110		last saw the deceased
	SIGNATURIA	d that death occurred at (Degree or title)	address from the	causes and on the de	DATE SIGNED
	23. BORTAL/CREMATION DATE THERE RESIOVAL (Specify)	OF NAME OF CEMETE	RY OR CREMATORY	DOCATION (City, town, o	county) (State)
	DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	FUNERAL DIRECTO	DR V. V 1701	ME Allah It
				7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	

MARGIN RESERVED FOR BINDING

The correct age

VS. A15



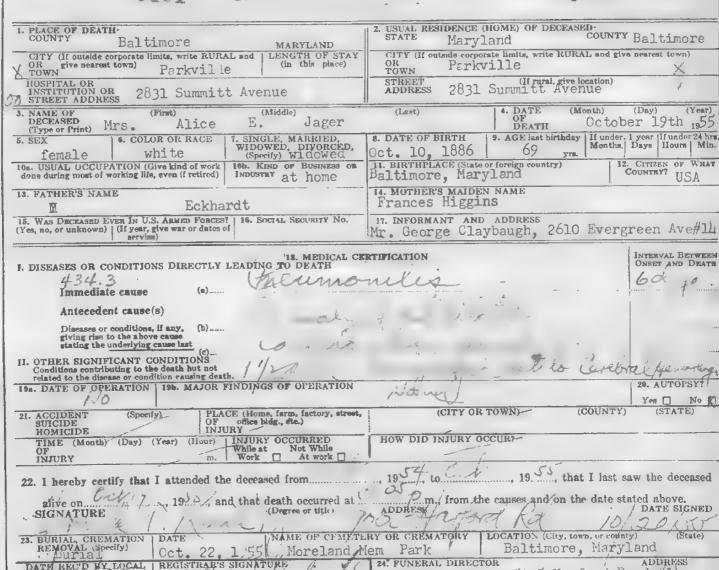
Leonard J. Ruck, 5305 Harford Road #14

AREG.

### 9471

# CERTIFICATE OF DEATH

Reg. Dist. No.



Dr. Kasik 9005 Harford Road No 5 8692

ky T

**S** 

UNFADING INK.

WRITE PLAINLY, WITH

OR

TYPE

PLEASE

VS. A15-10-53

I. PLACE OF DEATH:

MARYLAND	STATE	DEPARTMENT	<b>OF</b>	HEALTH—BALTIMORE,	1
0.000					

9472 CERTIFICATE OF DEATH

8 Reg. Dist.

2. USUAL RESIDENCE (HOME) OF DECEASED:

0	COUNTY Balto . MARYLAND	STATE Md. COUNTY /
	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate ilmits, write RURAL and give nearest town)
3	OR and give nearest town) TOWN Lutherville (in this place)	or Town Balto.
3	- HOSPITAL OR	STREET (If rural give location)
7	√ institution or	ADDRESS (II rural give location)
8	STREET ADDRESS College Manor	603 Murdock Rd.
3	3. NAME OF (First) (Middle)	Last)   4. DATE (Month) (Day) (Year)
3	DECEASED: (Type or Print) JOHN COVINGTON	TEMP
	(Type of Table)	3
	RACE: WIDOWED, DIVORCED.	Months   Days 31 and and
á		., 1005   90 yrs.
2		11. BIRTHPLACE (State or foreign country); 12. CiTIZEN OF WHAT
5	even if retired): rtd Gen. Agt. Fire Insurance	Virginia COUNTRY?
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Ş	Robert E.Jett	Canah A Cantant
3		Sarah A. Covington
	IS. WAS DECEASED EVER IN U.S. ARMED FORCES:   16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:
57	of service) none	Mr. Ewell K. Jett - 4546 N. Charles St.
å /	18. MEDICAL CERTIFICATI	ION INTERVAL BETWEEN
Š,	I DISEASES OR CONDITIONS DIRECTLY LEADING TO SEATH	ONSET AND DEATH
1	491%	
2	IMMEDIATE CAUSE (A)	phonone 6day
5	ANTECEDENT CAUSE (8)	
á	DISEASES OR CONDITIONS, IF ANY, (B)	
3	STATING UNDERLYING CAUSE LAST. DUE TO	
1	(C)	
1	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
3	TO THE DEATH BUT NOT RELATED TO THE	
3.	DISEASE OR CONDITION CAUSING DEATH.	
<b>∄  </b>	19a. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7
,		YES NO U
1 2	21A ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factor	
3	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	etc. INJURY OCCUR?
2	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
ا '	OF INJURY While Not while at work at work	
7	pr.	A 1
20 2		ul, 1955, to Cut 19, 1955, that I last saw the deceased
ಸ	alive on Wholew 18, 1955, and that death occurred at	4 AM, from the causes and on the date stated above.
5	SIGNATURE A CO.	ADPRESS DATE SIGNED
i l	U. allan Just M.	D. Holdoh Caven West Cler. 19. 1955
a 1		RY OR CREMATORY   LOCATION (City, town, or county) (State)
ជ	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	THE ON ONLINE TOTAL CONTROL CONTROL CONTROL
ű	REMOVAL (SPECIFY)	
ű	Burial 10/21/55 Druid Ri	dge Cem. Pikesville, Md.
ជ	REMOVAL (SPECIFY)	

313,54

.

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	9473 CERTIFICATE OF DEATH Reg. Dist.	No. 3 ×
ľ,	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
clearly and legibly	COUNTY  CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN Litherville 3 yrs.  HOSPITAL OR INSTITUTION OR STREET ADDRESS  COUNTY B4/7  CITY(If outside corporate limits, write RURAL and OR TOWN 500 Bos/ey Avenue of the rural give location)  TOWN 500 Bos/ey Avenue of the rural give location)	
		(Year)
death	DECEASED: (Type or Print) MINNIE JOHNSCH DEATH: October 2	/ 19
of	5. SEX:   6. COLOR OR   7. SINGLE, MARRIED.   8. DATE OF BIRTH: 9. AGE last birthday is under the Middle of Birth: 9. AGE last birthday is under the Months   Date of Birth: 9. AGE last birth	
causes	OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:  even if retired): Hourswife Own Home Salamance, N.Y.	TIZEN OF WHAT
the (	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	-
e ti	William T. Fish Mary Jeanette R	
e write	15. WAR DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:  (Yes, no, or unk.) of service) 18. Social Security No. 17. INFORMANT & ADDRESS:	
please	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
р	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  450:0  Generalized arteria celerations	ONSET AND DEATH
57)	IMMEDIATE CAUSE (A) SIMPLEULE ARUNG CLINESTO	
ian	ANTECEDENT CAUSE (S)	
Physicians	DISEASES OR CONDITIONS, IF ANY.  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST  DUE TO	
	(C)	
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DOT	DISEASE OR CONDITION CAUSING DEATH.	
	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	YES NO P
especially	21A. ACCIOENT WAS UNDERLYING   21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., etc.   INJURY OCCUR?	(State)
	OF INJURY  M.   Char	
(D)	2 I hereby certify that I attended the deceased from 8/2, 1957, to 10/28, 1954, that I last	saw the deceased
correct age	tated above.	
(0)	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or REMOVAL (SPECIFY)   Oct. 29.19.5   Hunt Co. Fi . 7   1   1   1   1   1   1   1   1   1	county) (State)
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR OCT. 29, 1955 11 Act. C. AKRY 124 FUNKAL DIRECTOR	ADDRESS

PLEASE TYPE OF WRITE PLAINLY, WITH UNFADING INK. Supply every item of information certifully. The MARGIN RESERVED FOR BINDING A15-

-10 - 53



PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

9474

# CERTIFICATE OF DEATH

09466 Reg. Dist. No. 43

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY BOLF MARYLAND	STATE 11 d Ba (+ COUNTY	
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest to	wn)
OR give nearest town) TOWN (in this place)	TOWN Balto 14	1
HOSPITAL OR	STREET (If rural, give location)	p "5
DINSTITUTION OR 3/36 AC+ON PJ	ADDRESS 3 1 3 ( - A a t	
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day)	(32.
DECEASED //	OF	(Year)
6. SEX 6. COLOR OR RACE   7. SINGLE, MARRIED,	S. DATE OF BIRTH   9. AGE last birthday   If under 1 year   If un	19 5
WIDOWED, DIVORCED.	Months   Davy   Ho	ider 24 hr are   Min
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	11/BIRTHPLACE (State or foreign country) 12. CITIZEN	1
done during most of working life, even if retired)   INDUSTRY	COUNTRY?	OF WHAT
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
- PATRICAS NAME	1/1	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	117 INFORMANT AND ADDRESS IN METAL	
Yes, no or unknown)   (If yes, give war or dates of	AND ADDRESS	_ /
12/5 - 0/-142-8	Mr VarNON, WNOINE - 3136 Acton	Rd
18. MEDICAL CE		D
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL ONSET AN	D DEATE
44 × K	Time	
Immediate cause (a)	in anemysin	ms
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Real disiase 67y	lary
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the discusse or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20, AUTO	PSYT
Name and the second sec	Yes 🗆	No 🗗
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (COUNTY) (STA	
SUICIDE OF office bidg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR!	
OF INJURY - m. While at Not While Work  At work		
	FU A TO FE	
22. I hereby certify that I attended the deceased from Now	, 1931, to OC (), 1931, that I last saw the de	ceased
	and the second s	
SIGNATURE SIGNATURE (Degree or title)	ADDRESS DATE S	e.
Le Company ( No los Services)	BBE North Aug Octs 10	T. CC
The state of the s		x 2 2 2
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE		
DECORPORATION DESCRIPTION OF A CONTRACT OF A	RY OR CREMATORY   LOCATION (City, town, or county) (	State)
1347 a (10/8/50 Pas/4 VI		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		
13471 all 18/30 1/4=18 VIV	ood Cer Bolton	1 d

# 9475 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09467 Reg. Dist.

rect	MEDICAL EXAMINE		rificate		Keg. Dist.
The correcty.	I. PLACE OF DEATH:	A S CER.		OF DEAT	
Che	AMA	24 D352 4 37D			, .
	COUNTY Baltimore  CITY (If outside corporate limits, write RURAL	MARYLAND LENGTH OF STAY	STATE Maryl	·	*
egi	. : OR and give nearest town)	(in this place)	UK.	corporate limits write RURA	L and give nearest town)
id left	HACDETAY AD	yr.3mos.23da	ys <sup>TOWN</sup> Balti		* *
f information carefully. T	INSTITUTION OR STREET ADDRESSpring Grove State I		ADDRESS	(If rural, give loca	1/
rly	B. NAME OF (First) (Mic	iospital "	(Last)	Park Heights Ave	
lea lea	DECEASED:		1 17	OF	(Day) (Year)
h c	(Type or Print) MOTTLS  5. SEX:   6. COLOR OR   7. SINGLE, MAI		ichman  OF BIRTH: +9.	AGE last birthday: IF UN	5 19 55
info eatl	Male White (Specity): W	IVORCED.	11-10-1894	Mont	
m of i	10a. USUAL OCCUPATION (Give kind of   10b. KIR	ID OF BUSINESS OR		(State or foreign country)	: 12. CITIZEN OF WIIA
E O	work done during most of work life, even if retired): None	USTRY:	Russia		Unknown
ite	13. FATHER'S NAME:	1	14. MOTHER'S MAID	EN NAME:	OTINIOWII
y every item the causes o	Jacob Kalichman		Mary Mada	Q.	
eve Je	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SAC	IAL SECURITY No.:	17. INFORMANT & AI		
P. C.	(Yes, no, or unk.) (If Yes, give war or dates of service)		P	- C S1-4 - 77	
Supply write th	Unknown   Records Spring Grove State Hospital				
	I. DISEASES OR CONDITIONS DIRECTLY LEADING		D OBIGITATION		INTERVAL BETWEEN ONSET AND DEATH
INK.	7 4 4 4	.ha (1	M		UNSEL AND DEATE
0.	Immediate cause (a) AC1	. veronary.	Thrombosis	All to tee en proof	
S::	Antecedent cause(s)				
DI	Diseases or conditions, If any, (b) Cor	iseases or conditions, if any, (b) Coronary Arteriosclerosis			
FA	stating underlying cause last (c) Generalized arteriosclerosis				
UNFADING Physicians:	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
H	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
and	19a. DATE OF OPERATION:   19b. MAJOR FINDING				20. AUTOPSY?
Wort					Yes No 🗆
LY, WITH important.	PRIMARY   or CONTRIBUTING   OF s	Home, farm, factory, treet, office bldg., etc.,	21c. (City or town	(County)	(State)
N		URY OCCURRED	1 21f. HOW DID IN	JURY OCCUR?	
E PLAINLY especially im	OF While INJURY M. work	at Not while			
PI	22. I hereby certify that I took charge of the remains described above, held an Autopsy I, Inspection ., Inquiry I, and				
es]	find that death resulted from: Natural causes 📻, Accident 🖂, Suicide 🖂, Homicide 🖂, Undetermined cause 🖂				
RIT is	SIGNATURE CHIEF MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER				
WRITE age is esi	Les J. M. D. DEPUTY MEDICAL EXAMINER 10-5-55				
E	23. BERIAL, CREMATION, PARE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (Sty, town, or county)				
SA	DATE REC'D BY LOCAL   REGISTRAR'S SIGNAR	URE CO	1/24. FUNERAL DIRE	CTOR'	ADDRESS
PLEASE	REG.	e ()	Var W. Jones	mes 2100 6	utow Pla
	16-1-)	(Du. 7	The same	WAS BUDGET	The same of the sa
		(1310, 1			

A. A.

carefully legibly.

information clearly a

every

Supply

INK. ea ADING

write

Physicians UNF

important

OF INJURY

WITH

AINLY

WRITE

2

0 адв TYPE

ASE

PLE/

and

death ltem (

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9478	CERTIFICATE	OF	TOTE A TEXT	
9478	CENTIFICATE	UL	DEATH	

Reg. Dist. No. .

I. PLACE OF DEATH:		2. USUAL RESIDENC	E (HOME) OF DECEA	ASED:
COUNTY BALTIMORE  CITY (If outside corporate limits, write R' OR and give nearest town)  TOWN FORT HOWARD  HOSPITAL OR INSTITUTION OR	(in this place) 80 DAYS	TOWN BALTIMO	orate limits, write RURA	AL and give nearest town
STREET ADDRESSETERANS ADMIN	ISTRATION HOSPIT	41 4318 PI	IMLICO ROAD,	
MALE   WHITE   (Specify):	MARKIED 5/15/	OF BIRTH: 9. A	Months	Days Hours Min.
NOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT		RUSSIA	or foreign country):	COUNTRY?
13. FATHER'S NAME: PHILLIP W. KATZ		FANNIE MN: UNK		
(Yes, no, or unk-) (If Yes, give war or dates YES WW I	18. SOCIAL SECURITY NO. 215-10-8186	CLIN-REC., VET.		OWARD, MD.
1	8. MEDICAL CERTIFICAT	TION		INTERVAL BETWEEN

DISEKSES OF COUDITIONS	DIRECTE! LEADING	10 DEATH
11 3 3.1		
IMMEDIATE CALLSE	(A)	MYOCARD:

CONDITIONS DIRECTLY I FADING TO DEATH

IAL INFARCTION

1 HOUR

ONSET AND DEATH

ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE, MYOCARDIAL INFARCTION, OLD

(County)

LOCATION (City, town, or county)

DUE TO STATING UNDERLYING CAUSE LAST. (C)

(B)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DIABETES MELLITUS DISEASE OR CONDITION CAUSING DEATH

UNKNOWN

198. MAJOR FINDINGS OF OPERATION

20. AUTOPSY7 YES NO X

(State)

21A. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME (Month) (Day) (Year) (Hour) 210

21E INJURY OCCURRED While Not while at work at work

218. PLACE (Home, farm, factory,

OF INJURY street, office bldg., etc.

21F. HOW DID INJURY OCCUR?

21c. WHERE DID

INJURY OCCUR?

(City or town)

22. I hereby certify that I attended the deceased from AUG. 55xbacoxxxxxaacxbacasaa 1955, to OCT .. 20, 19 35 M, from the causes and on the date stated above. TOXXXX and that death occurred at 

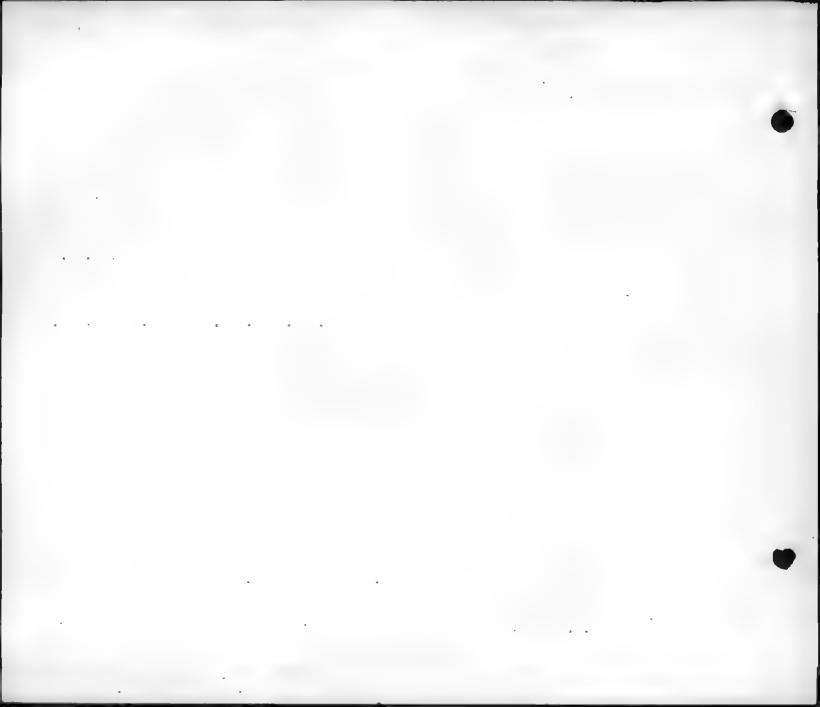
ADDRESS SIGNATURE DATE SIGNED VAH, FORT HOWARD, MARYLAND Service

NAME OF CEMETERY OR CREMATORY

BURIAL, CREMATION REMOVAL (SPECIFY) Rosedale Cemetery

DATE REC'D REGISTRAR PL. BALTIMORE, MD





2411 N. Charles Street, Baltimore

09463

9477

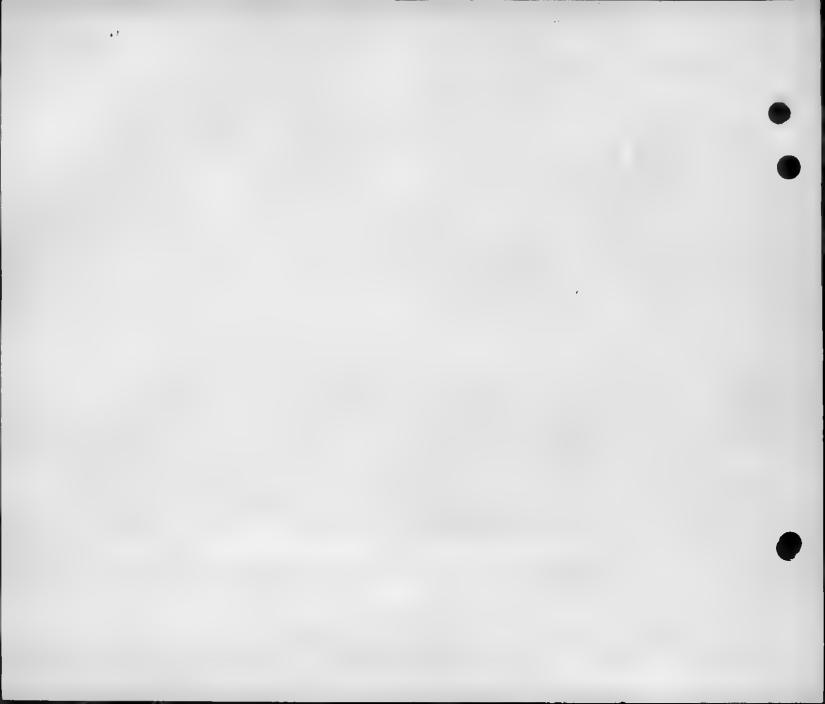
## CERTIFICATE OF DEATH

Reg. Dist. No. 2/

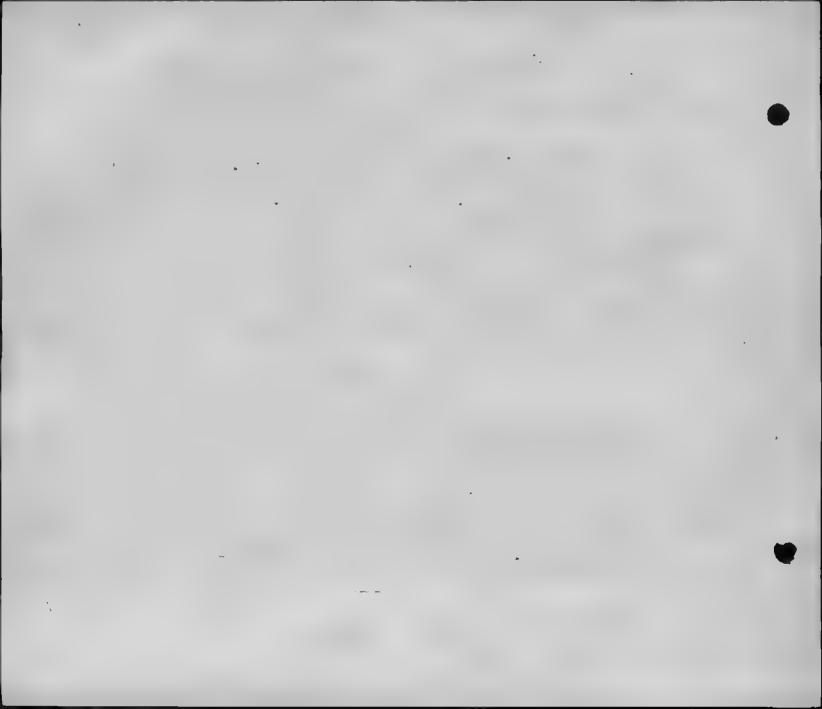
I. PLACE OF DEATH.	1 2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY BOLTIMORE MARYLAND	STATE MOVIDED COUNTY BE HE
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give searest town Whitemarsh Md. (in this place)	TOWN Rund - hullomarsh Md
HOSPITAL OR	STREET (If rural, give location)
STREET ADDRESS Ebellezer + Red Livin Rds.	ADDRESS Thomas are Part line R.
3. NAME OF (First), (Middle)	" L-VEHEZEY F HEA WICH HASI
DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) //()/(( ('// C // C // C ) ) 6. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	1/11/CY DEATH OCT. 18, 1953
WIDOWED, DIVORCED.	8. DATE OF BIRTH 9. AGE last hirthday If under I year If under 24 hrs Months   Days   Hours   Min.
1 C 17/0/ P 1 V/11/1/ (Specify) / (BYY) PC	1 APX 1 11/08 L 1 7 Yrs.
10a, USUAL OCCUPATION (Give kind of work 10b. Kind of Business on done during most of working life, even if retired) INDUSTRY / //	11./BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
Housewife At Home	Cecil County Maryland Country 5. A.
13. FATHER'S NAME	14. MOTHER'S MAYDEN NAME
John F. George	GerTrude Chenineth
15. WAS DECRASED EVER IN U.S. ABMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If yes, give war or dates of	17. INFORMANT AND ADDRESS
(10s, no, of disciplina) (1) yes, give war of dates of	Charles S. Keithler
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY, LEADING TO DEATH	INTERVAL BETWEEN
1,201	ONSET AND DEATH
Immediate cause (a) - 21 0 7 07	4 In Taretion 5 min
	1 P A CALL
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	WE Carshwasenlar Dis
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	15 CayelNoma Stomach 340s
related to the disease or condition causing death.	
19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yea Q No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE	<u> </u>
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
3/2	un Datis un
22. I hereby certify that I attended the deceased from 2/3	, 1947, to OCT 18., 1945, that I last saw the deceased
talive on 10/17, 19.33, and that death occurred at 8.	CUSP to the same of the latest to the
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
[ Dillow of to love of and May	N. F. ha mil
Litamora On Tadoon IV.	Or JOUR /MU - 10/18/53
23. BURIAL CREMATION DATE THEREOF NAME OF REMETE	RY OR CREMATORY LOCATION (City, town, or county) (State)
BULLET OCTI 23.1955 BOKEYS	Appropen Md.
DATE REC/D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG. 1941-17 Will Cru	Lassahn Funeral Home-The Beloix Rd
	" - Suring Wife to I will the Jellie IIC

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. MARGIN RESERVEM FOR MINDING

The correct age



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: carefully. The and legibly. Baltimore COUNTY COUNTY MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town) OR and give nearest town)
TOWN (in this place) TOWN HOSPITAL OR STREET Eastern Ave. West of North INSTITUTION OR STREET ADDRESS of information of death clearly Point Road (First) (Middle) (Last) 3. NAME OF 4. DATE (Year) DECEASED: (Type or Print) William DEATH October 1955 Kenny, Jr. 6. COLOR OR 7. SINGLE, MARRIED & DATE OF BIRTH: 9. AGE last birthday: | IF UNDER 1 YEAR | IF UNDER 24 HRS. RACE: WIDOWED, DIVORCED, Months Days (Specify) SUAD OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country):1 12. CITIZEN OF WHAT 3 E + 4 St COUNTRY? every item 13. FATHER'S NAME: MAIDEN NAME: 15. WAS DECEASED EVER IN U.S. ARMED FORCES 1 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of 170 INFORMANT & ADDRESS: FOR 1911 OAKDALE AVE service) Suppl 18. MEDICAL CERTIFICATION RESERVED INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH Immédiaté cause (a) Craniocerebral injury Antecedent cause(s) (b). Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. E PLAINLY, WITH especially important. 19a, DATE OF OPERATION: | 19b, MAJOR FINDING OF OPERATION: 28. AUTOPSY? Yes 🗌 No 🔯 21b. PLACE (Home, farm, factory, 21c. (City or town) (County) (State) 21a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH street, office bldg., etc., INJURY Reltimore Marvland 21f. HOW DID INJURY OCCUR? 21d, TIME (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED Not while at work Speeding auto - out of control 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and find that death resulted from: Natural causes | Accident | Suicide | Homicide | Undetermined cause | CHIEF MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. B 23/BURIAL, CREMATION, OF CEMETERY OR CREMATORY LOCATION (City, town, or county) **G**3 100 PLE REG.

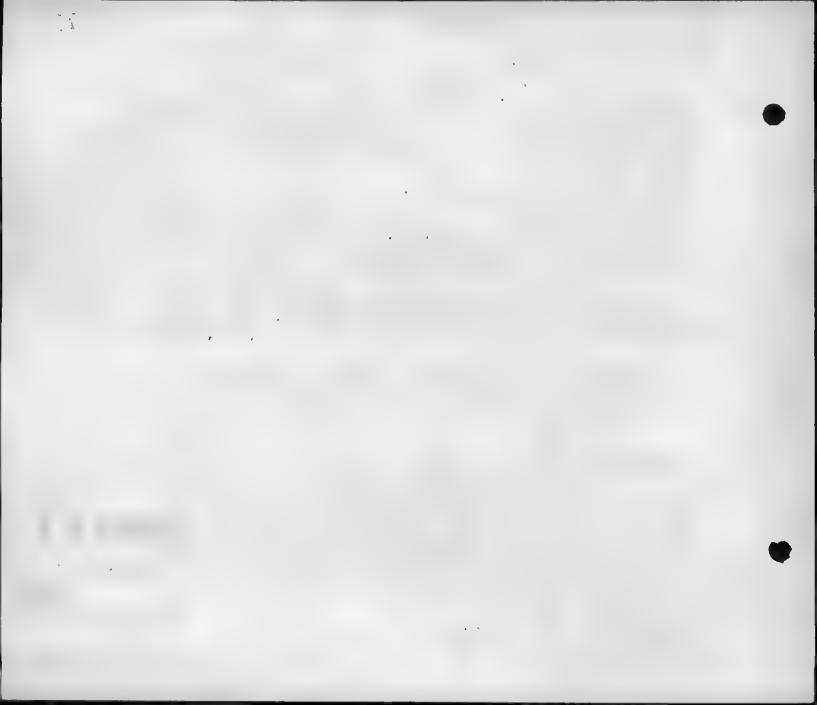


## CERTIFICATE OF DEATH

Reg. Dist. No. 33......

I. PLACE OF DEATH	2. USUAL RESIDENCE HOME OF DECEASED.	6
MARYLAND MARYLAND	STATE YILAAAA	~ ~ ~ ~
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	nearest town)
OR give nearest town)	OR TOWN	X
HOSPITAL OR	STREET / (If rural, give location)	3 1
INSTITUTION OR STREET ADDRESS	ADDRESS	K
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (	(Day) (Year)
(Type or Print)	hilo DEATH TO	19 1953
6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED, (Specify)		year   If under 24 hr Days   Hours   Min
10a. USUAL OCCUPATION (Give kind of work lob. Kind of Business or done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Font K	L'ord him no	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If year, give war or dates of north te (un) service)	Bate County welf all all and To	re Word
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
450.0 /1 t	· B II	2
Immediate cause (a).	• • 1	A. Agress.
Antecedent cause(s)	1	11
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last		p-
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		***
192. DATE OF OPERATION   195. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes   No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  NJURY	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE   INJURY  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While		
INJURY m.   Work   At work		
22. I hereby certify that I attended the deceased from	., 1935, to 56 17, 1955, that I last say	v the deceased
alize on	. 00 A.m., from the causes and on the date state	ed above.
SIGNATURE (Degree or title)	ADDRESS A	DATE SIGNED
Care in the second	ser energy to the service of the ser	019,00
23. BURIAL, OHEMAPION DATE NAME OF CIMETE	RY OR-CREMATORY LOCATION (City, town, or county)	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 10-21-55 1 ary 3. Eline.	Pard die vy mantana. Perali 2	21 11





# 9480 CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED-
COUNTY 39LT. MARYLAND	STATE M.D. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and   LENGTH OF ST	· II An
OR TOWN (in this place	TOWN ON 18 NOS 17 C DE
HOSPITAL OR INSTITUTION OR OF STREET ADDRESS YYOU OLD FREDERICK R.D.	ADDRESS VOO OLD FREDERICK RJ.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED (Type or Print) CARL HENRY	KINZEL OF OCT. 3 1950
5. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCE (Specify)	8. DATE OF BIRTH 9. AGE last birthday II under 1 year II under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired) A 1GH TENSION OFER TORIZET FRIENCE. Co.	OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHERS MAIDEN NAME
CHRISTIAN KINZEL	MINNIE BOCKMAN
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS  MA. Call H. Kenight - 2 vos Old Fred. ad.
10 MATERIAL	L CERTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
526 Immediate cause (a) BRONCHIE	CTASIS BRONCHITIS. 2.5X.r.S.
Antecedent cause(s)	2 10
Diseases or conditions, if any, (b) HEPATITIS	WITH JAUNDICE I MO
stating the underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATIO	
0 8	Yes No N
21. ACCIDENT (Specify) PLACE (Home, farm, factory, structure of the bldg., etc.)  HOMICIDE 7 INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At York	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	( 15 O. + 2 51-
Cat1- 155	1.16-1
alive on SIGNATURY	Patersille, Ma 145/53
23. BURIAL, CREMATION DATE NAME OF CITY REMOVAL COPPLY	
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG. 10/5/55 1/8 Harry	Tayley Funeral & we Catonwells Ind.



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09473

9481

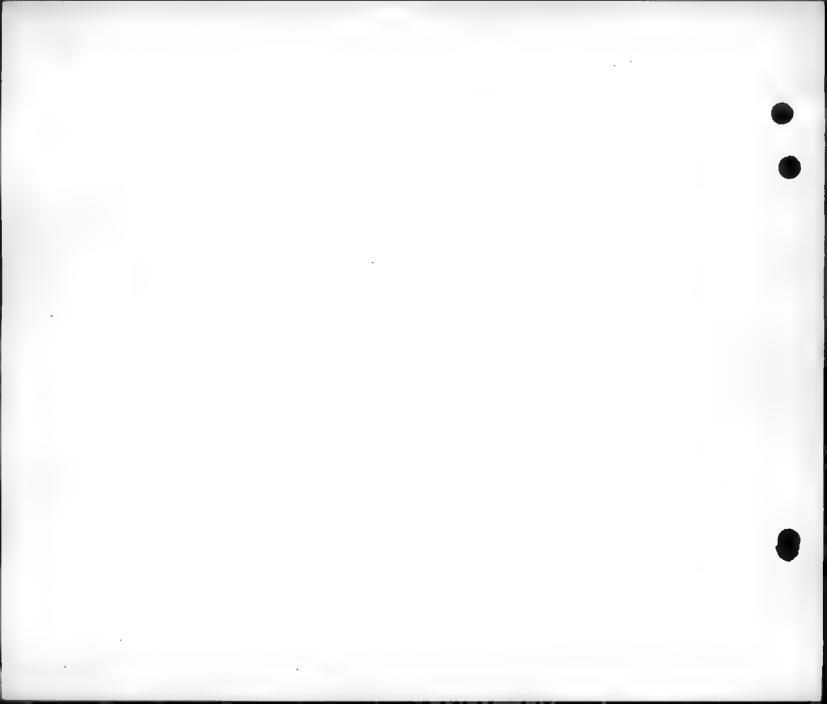
### CERTIFICATE OF DEATH

1. PLACE OF DEATH	i·		2. USUAL RESIDENCE (	HOME) OF DECEAS.	
COUNTY Bal	timore	MARYLAND	STATE Marylar	nd	COUNTY
CITY (If outside co	orporate limits, write RUR	AL and   LENGTH OF STAY	0.00		AL and give nearest town)
TOWN give nearest	Ethnaville	(in this place)	OR Baltimo	re	37.1.4
HOSPITAL OR			STREET	(If rural, give l	ocation)
INSTITUTION OF	Ridgewood	Manor	STREET ADDRESS 34)7 Mi	lford Ave.	
3. NAME OF	(First)	(Middle)	(Last)		(onth) (Day) (Year)
DECEASED	'		(Last)	OF	1 1 1 1 1 1 1 1
(Type or Print)	Henry Klaut				lct.11, 1955 19
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED.	8. DATE OF BIRTH	9. AGE last birthday	If under i year If under 24 hr
<u> </u>	18	(Specify) M	18/19/1875	8) yrs.	
10a. USUAL OCCUPA	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
Retired Cabr	orking life, even if retired)	Ludwig Cab. Mak.	Germany	7	Country
13. FATHER'S NAM			14. MOTHER'S MAIDEN	NAME	
	Unknown		Unknown		
15. WAS DECRASED EV	VER IN U.S. ARMED FORCES		17. INFORMANT		
(Yes, no, or unknowu)	(If yes, give war or dates	of 212.01.5608-A	Hannah Klauti	3497 141 for	d Ave. Balto.
, AU	In the state of th	18. MEDICAL CE		(7201 21223021	
			BILLOALION		INTERVAL BETWEEN
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH	_ /		ONSET AND DEATE
450,0		/	Tion Maxi	ر ع	
Immediat	eause (a)				
Antecedor	it cause(s)	0-1	.0 -1 110	( ( )	
Diseases or o	conditions, If any, (b)	arterior	clerated by	lu-lead	>
giving rise to	the above cause nderlying cause last			/	0 (
the straight of the fi	(c)	P. L. L.	W. Then I Po	# .	1 days
II. OTHER SIGNIE	CANT CONDITIONS	7 .000	17 100		
Conditions contribu	iting to the death but not			/	
	ee or condition causing deal	INDINGS OF OPERATION			20. AUTOPSY?
13a. DATE OF OLD.	MATION IDDI BENGIN	LANDANGO OF OTBINITION			
	(G (4) ) DY 4	G0 /W	(CITY OR	months.	Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bidg., etc.) URY	(CITTON	1044) (	COUNTY) (STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CCUR?	
OF INJURY	m.	While at Not While Work At work			•
		(CO)	== 10	- in	
22. I hereby certi	ify that I attended th	e deceased from	1922, to	19.7.7. that	I last saw the deceased
		,		*	
alive on	P	d that death occurred at	ADDRESS	causes and on the	e date stated above.  DATE SIGNED
DN	Then 7	Robots 4	1509 Sherty	Leighte	and 10-12-56
23. BURIAL, CREM.	ATION   DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY	1	rn, or county) (State)
REMOVAL (Spec	10/14/55	Woodlawn	Cemetery	Woodlawn	Md.
DATE REC'D BY			24. FUNERAL DIRECTO		ADDRESS
REG.	13-1-1	G	Harry A. Armec	ost 4244 R1d	sewood Ave.
10	1-1		APPLICATIVE TO APPLIEC P.	COR THE Y THE	DALLAN MALAA

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



The

of death clearly and legibly.

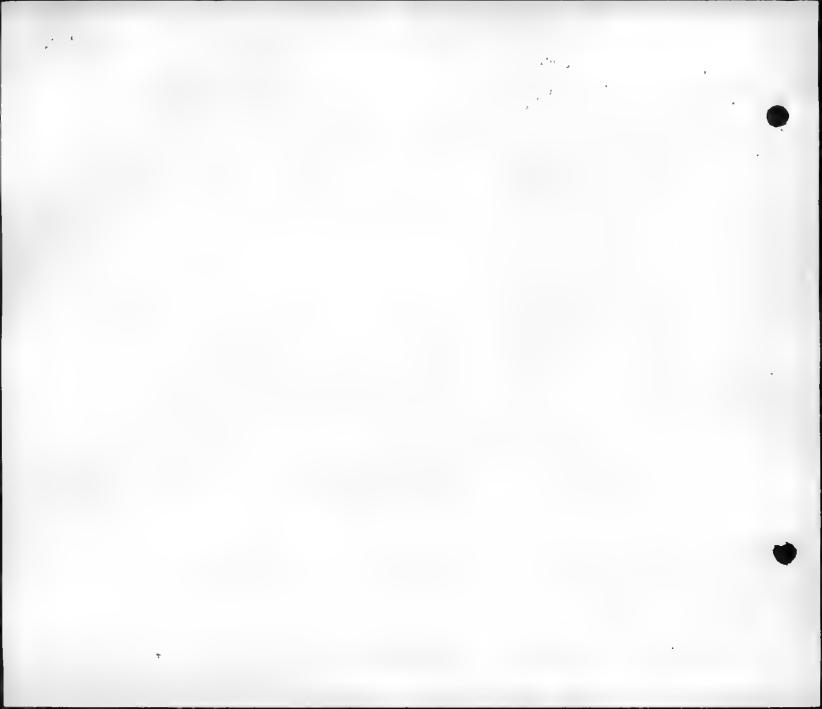
please write the causes

is especially important. Physicians:

correct age

MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18			
9482 CERTIFICATE	OF DEATH Reg. Dist. No.			
I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Bally more MARYLAND	STATE Md COUNTY			
CITY (If outside corporate limits, write RUBAL COR and give nearest town)  TOWN  LENGTH OF STAY (in this place)    1	CITYIII outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. City 34.14.  STREET (If rural give location)			
HOSPITAL OR INSTITUTION OR Spring Grove St. Hopital	ADDRESS 2235. Hilkon Street			
DECEASED: FREDERICK JUSTICE K	OCHLER   4. DATE (Month) (Day) (Year) OF DEATH: 10 29 19 5 5			
5. SEX. 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED, DIVORCED, (Specify): (YARRIED) 2/1	/ 1871 84 yrs.   Months   Days   Hours   Min.			
work done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?  VS 4.			
13. FATHER'S NAME: WILLIAM KOCHLER	14. MOTHER'S MAIDEN NAME: NARY MILLER			
is. Was Deceased Ever in U.S. Armed Forces:   is. Social Security No. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:			
of service)	LULA KOCHLER - 2235. Hilton St.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH			
IMMEDIATE CAUSE (A)	iac FAILURE 10/28/55			
ANTECEDENT CAUSE (S) DUE TO	CED ARTERIOSCLERISIS to			
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B)  (D)  (D)				
(C)	10/29/55			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
	YES NO I			
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, facto OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., et liter, notify medical examiner)				
OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July.	Y, 19.53, to 10/27., 19.55, that I last saw the deceased			
alive on . 10/29 1950, and that death occurred at A. M, from the causes and on the date stated above.				

work done during most of working life, or INDUSTRY: even if retired):	MARVLAND	US 4
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
WILLIAM KOCHLER	NARY MILLER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES! IS. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	LULA KOCHLER - 22.	5. Hilton St.
18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
450.0	IAC FAILURE	10/20/
THINEDIX E CROSE		10/28/5-5-
ANTECEDENT CAUSE (S)	CED ARTERIOSCLERI	Ul to
GIVING RISE TO THE ABOVE CAUSE DUE TO		
STATING UNDERLYING CAUSE LAST.		
(C)		10/29/55
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH,		
THE MAJOR FINDINGS OF OPERATION	4	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		inty) (State)
2ID. TIME (Month) (Day) (Year) (Hour) 2IE !NJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July		
alive on 10/29, 1957, and that death occurred at SIGNATURE  Stella Wachsler	J. A. M, from the causes and on the date ADDRESS D. Sparing From State Hopp.	e stated above. ATE SIGNED /0/29/53-
JUMAL 19-1-55 Weste		or county) (State) Wayland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR,	24. FUNERAY DIRECTOR) W - (00 H MC /2/1/58	Jany ST-



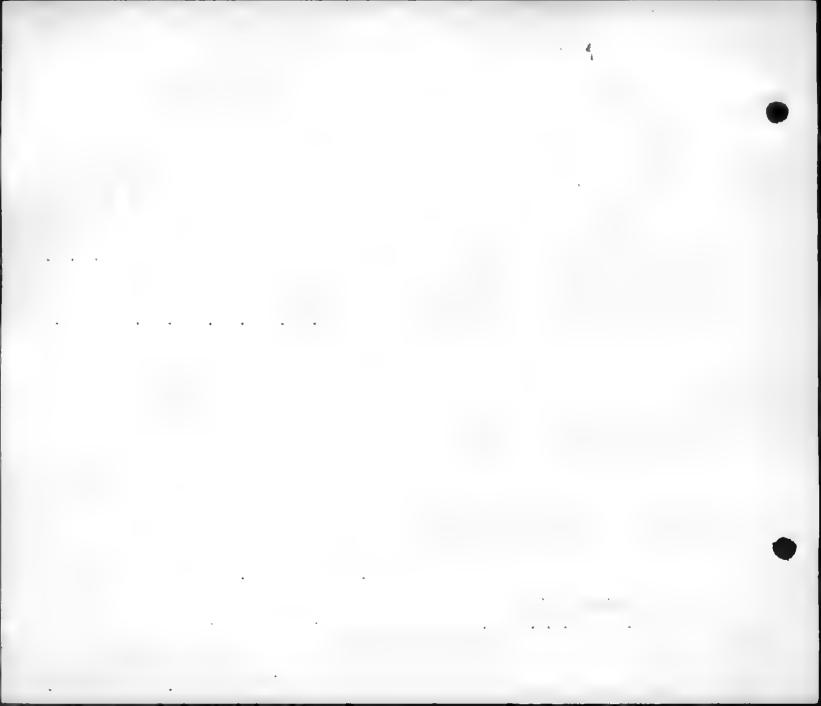
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11 4 ltem 2, Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: legibly STATE Maryland COUNTY Baltimore MARYLAND COUNTY CITY (if outside corporate limits, write RURAL) LENGTH OF STAY CITY(if outside corporate limits, write RURAL and give nearest town) and (in this place) and give nearest town) information E TOWN TOWN Catonsville 7vr3mosl2davs clearly HOSPITAL OR (If raral give location) INSTITUTION OR ADDRESS #STREET ADDRESS Spring Grove State Hospital (Middle) 4. DATE (Month) (Day) (Type or Print) John DEATH October 12. 6. COLOR OR 7. SINGLE. MARRIED. DATE OF BIRTH: 9. AGE last birthday IF UNDER WIDOWED, Jo May 4, 1872 (Specify): every causes ICA USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) | | 12. CITIZEN OF 108 KIND OF BUSINESS work done during most of working life. OR INDUSTRY: even if retired): Shoemaker Germany Supply 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME: Jhon B. Lahner Margaret Lahner WIT IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. Ŋ, (Yes, no, or unk.) (If Yes, give war or dates ease Records Spring Grove State Hospital 18. MEDICAL CERTIFICATION ADIN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Approx. Physicians: MMEDIATE CAUSE (A) <u>Uremia</u> DUE TO ANTECEDENT CAUSE (S' Arteriosclerotic nephrosclerosis Years DISEASES OR CONDITIONS, IF ANY. (B) GIVING RISE TO THE ABOVE CAUSE WITH DUE TO STATING UNDERLYING CAUSE LAST Years Generalized arteriosclerosis (C) important. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH Z 19A, DATE OF OPERATION: 1 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 NO T pecially 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. 21c. WHERE DID (City or town) (County) (State) RITE INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED
While Not while 21D. TIME (Month) (Day) (Year) (Hour) 21F HOW DID INJURY OCCUR? OF INJURY at work at work . 67 2 0 22. I hereby certify that I attended the deceased from 7. , 19 53 to 10-12- , 19 55 that I last saw the deceased 20 TYPE . 19 55, and that death occurred at 1:20A M, from the causes and on the date stated above. alive on 10-11-SIGNATURE 28 oc Masy land town, or county) 垒 BURIAL, CREMATION. S REMOVAL (SPECIFY) DOFMMEDICAL SCHOOL 295 GREEN ST PLE/ 110 SIGNATURE

1800 E LOMBARD ST

55 . DO

11





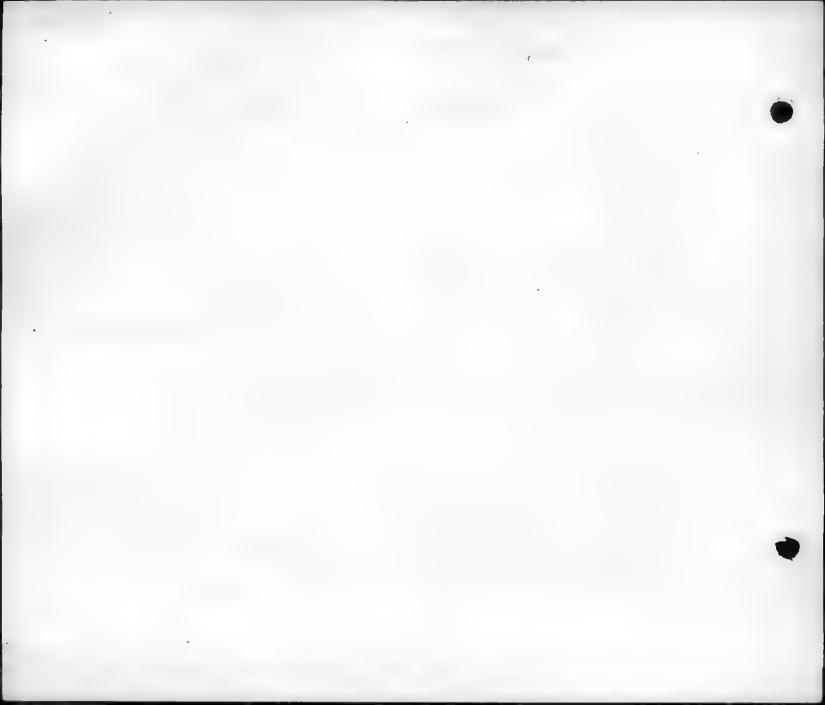
### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9426 CERTIFICATE OF DEATH

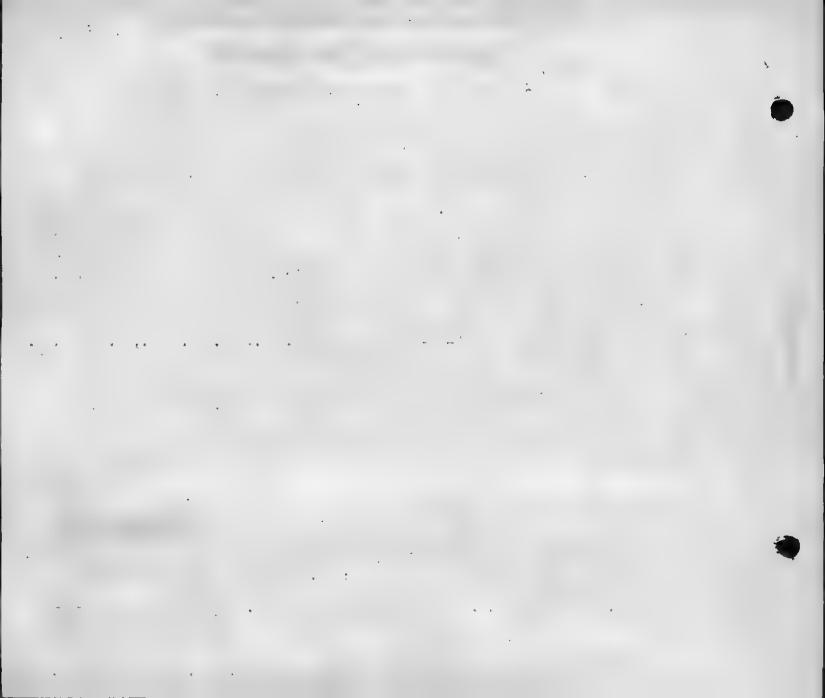
1 0410	Reg. Dist.	110
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Balto Maryland	STATE Md. COUNT	TY
CITY (If outside corporate limits write RURAL) LENGTH OF STAY	CITY (If outside corporate limits, write RURAL an	d give nearest town)
52 Town Catonsville (in this place)	TOWN Baltimore	? V! 1-4
HOSPITAL OR Wayne Nursing Home	STREET (If rural give location)	h-
20 STREET ADDRESS Smithwood & Summit Aves.	4507 Springdale Ave.	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month), (Day)	(Year)
DECEASED: (CARRIE W. LEV.	OF	
5. SEX:   S. COLOR OR   7. SINGLE, MARRIED.   8. DATE	OF BIRTH:   9. AGE last birthday: IF UNDER 1 YE	
	18, 1872 83 yrs. Months Da	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife at home	R 11. BIRTHPLACE (State or foreign country): 12. C	CITIZEN OF WHAT COUNTRY?
	Md.	
I3. FATILER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Samuel Flaunlacher	Sarah Wornitz	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. (Yes, no, or unk.) (If Yes, give war or dates of	. INFORMANT & ADDRESS:	
no service) none	Mrs. Irvin Gordon - 4507 Spring	dale Ave.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  3.3 4 × Immediate cause  Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  DUE TO  Ceneral:  Conditions  DUE TO	gid Right. 212 Arteriosclerosis	Onset And Death
(c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
	A CONTRACTOR OF THE CONTRACTOR	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (S	TATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY Mork At Work	HOW DID INJURY OCCUR?	poppag analah (CVP)
22. I hereby certify that I attended the deceased from 153 alive on a doct, 1955, and that death occurred at (Pegree or title)	1: 30 A.M., from the causes and on the date s	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or cou	unty) (State)
Burial 10/26/55 Balto Hel	brew Cem Balto, Md.	ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING







### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10555

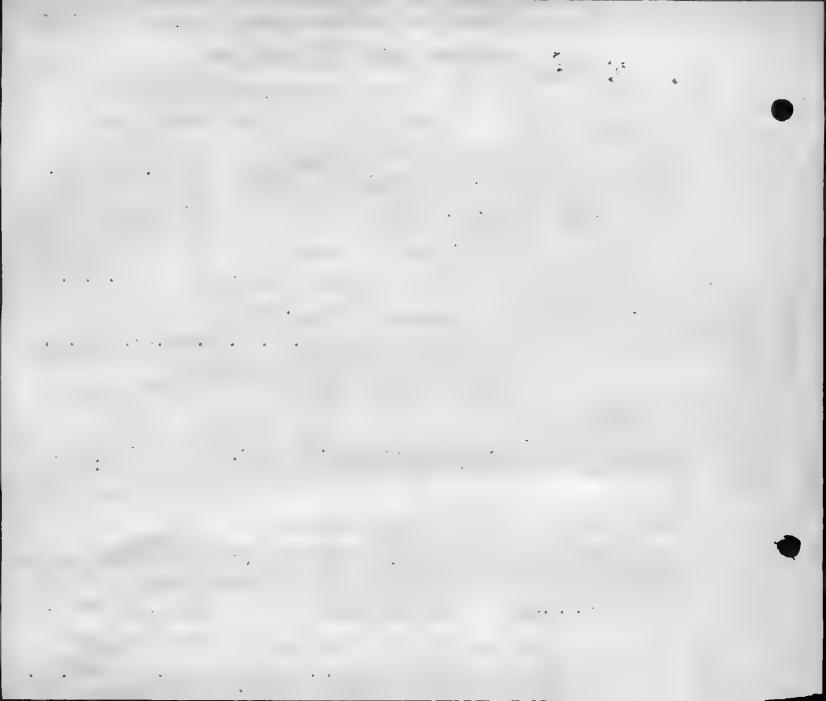
## CERTIFICATE OF DEATH

9439

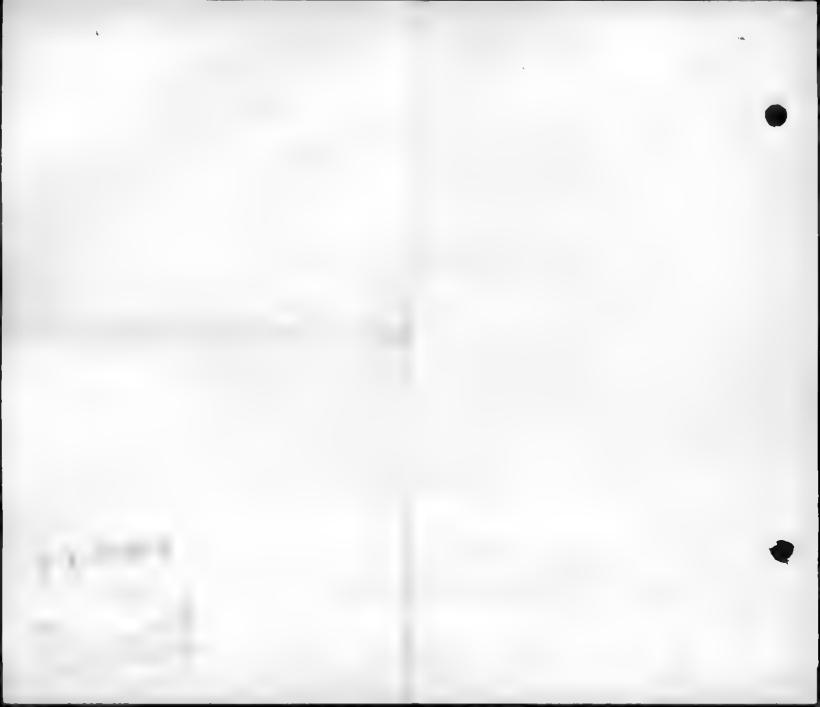
1. PLACE OF DEATH

Reg. Dist. No.....

CITY				
TOWN PORT HOWARD  NOSHIAL OR  NOSHIAL OR  STREET ADDRESS TOWN BALLTIMOTE  STREET ADDRESS TOWN BALLTIMOTE  STREET ADDRESS TOWN BALLTIMOTE  STREET ADDRESS TOWN PLV of PLOTTED ADDRESS TOWN BALLTIMOTE  STREET ADDRESS TOWN PLV of PLOTTED ADDRESS TOWN PLV OF P	county Baltimore			
TOWN FORT Howard   9 Days   Town Baltimore   Town Balti				test fown)
NOSHTALOR DESTRICTION OF STREET ADDRESS TO THE OF CHANGE STREE				2 Y=1 4
STREET ADDRESSY LETTERS Administration Hospital    Administration Hospital   Alexandro   A	HOSPITAL OR			
9. NAME OF DECEASED (1999 refinit) DECEASED (1999 or Print) Male White Seet/Wildowed 9/17/76 9/17/76 9/17/76 100. USUAL OCCUPATION (Gras had of lower) Gene during most of working life, seven if refined Reporter DECEASED (1998 or Print) DECEASED (	STREET ADDRESSTAtions Administr	ation Hospital		Ivert St.
DECEMBED (Types or Print)  S. SEX  G. COLOR OR  ARCE  WINDOWED, DIVORCED, SPECIAL SECURITY OF THE SEATE OF BIRTH  Male  WINDOWED, DIVORCED, SPECIAL SECURITY OF SEATE  Monthly  100. USUAL OCCUPATION (Graw hind of work down during most of weeking life, seven if reliefed free porter  New York Paper  I. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  WINDOWS Paper  I. MOTHEY SHADEN NAME  JEMBES M. LOUGhborough  IS. WAS DECRASED FUE IN U. S. ARMED FORCES?  New, oo, or unk.)  II. WAS DECRASED FUE IN U. S. ARMED FORCES?  New, oo, or unk.)  II. SINCHARCE SEATE OF				(Dey) (Yaer)
5. SEX 6. COLOR OR RACE 7. SINGER, MARRIED Male White 17. SINGER, MARRIED RACE 18. SINGER 17. SINGER, MARRIED RACE 18. SINGER 18. SINGER, MARRIED RACE 18. SINGER, MARRIED	DECEASED	•	OF	
Male RACE White Goschi Widowed 9/17/76 79 ys. Mosths Devys Hours Min.  10a. USAL COCUPATION (Gyas had of work done dump most of working lib. wen if refined) Reporter  10b. USAL COCUPATION (Gyas had of work done dump most of working lib. wen if refined) Reporter  10c. USAL COCUPATION (Gyas had of work done dump most of working lib. wen if refined) Reporter  10c. In the Cock, Arkanses  11c. Intellegation Name  11c. Morris Madorn Name  11c. Morris Madorn Name  11c. Morris Madorn Name  11c. Was detasted byte in u. s. Armete forces?  11c. Was detasted byte in u. s. Armete forces.  11c. Was detasted byte in u. s. Armete forces.  11c. Was detasted byte in u. s. Armete forces.  11c. Was detasted byte in u. s. Armete forces.  11c. Was detasted byte in u. s. Armete forces.  11c. Was detasted byte in u. s. Armete forces.  11c. Was detasted byte in u. s. Armete forces.  11c. Was detasted byte in u. s. Armete forces.  11c. Was detasted byte in u. s. Armete forces.  11c. Was detasted byte	O THILLIA			
Maile White Specify Widowed 9/17/76  10. USUAL OCCUPATION (Graw kind of work 10b, KINO OF BUSINESS OR NOUSTRY 10b, KINO OF BUSINESS OR CONDITIONS DIRECTLY LEADING TO GENTLE (I) OF BUSINESS OR CONDITIONS DIRECTLY LEADING TO GENTLE (I) OF BUSINESS OR CONDITIONS DIRECTLY LEADING TO GENTLE (II) OF BUSINESS OR CONDITIONS DIRECTLY LEADING TO GENTLE (II) OF BUSINESS OR CONDITIONS, IF ANY (II) OF BUSINESS OR CONDITIONS, IF ANY (II) OF BUSINESS OR CONDITIONS, IF ANY (II) OF BUSINESS OR CONDITIONS OF BUSINESS	RACE WIDOWED.	DIVORCED.	Months I	
done during mout of working his, aven if religing to Perporter  News Paper  Little Rock, Arkanses  13. FATHER'S NAME  James M. Loughborough  14. Monte's Maden Name  Mary W. Webster  15. WAS DECEASED EVEN IN U. S. ARMED FORCES?  (If Yas, no, or unk.) (If Yas, power of dies of service) Unknown  Les W.		1 7 7 1 7		
Tables M. Loughborough  13. FATHER'S NAME  JAMES M. Loughborough  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (129. OF UNL)  16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS  (129. OF UNL)  18. WAS DECEASED EVER IN U. S. ARMED FORCES?  (129. OF UNL)  19. WAS DECEASED EVER IN U. S. ARMED FORCES?  (129. OF UNL)  10. SEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  (120. MEDICAL CERTIFICATION  INTERVAL BYWEIN ONSET AND DEATH  (13. MEDICAL CERTIFICATION  INTERVAL BYWEIN ONSET AND DEATH  (14. MOTHER'S MADER NAME  (15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (16. SOCIAL SECURITY NO.  (17. INFORMANT & ADDRESS  (18. MEDICAL CERTIFICATION  INTERVAL BYWEIN ONSET AND DEATH  (19. MEDICAL CERTIFICATION  INTERVAL BYWEIN ONSET AND DEATH  (19. MEDICAL CERTIFICATION  (19. MARCO OF CAUSE OF			11. BIRTHPLACE (State or foreign country) 12	
JEMES M. LOUGHBOTOUGH  JEMES M. LOUGHBOTOUGH  IS. WAS DECEASED EVER IN U. S. ARMED FORCES?  IVEN IN O. S. ARMED FORCES.  ARTERIOSCLEROSIS  UNKNOWN  INTERVALENCE ONSIT AND ORATH  ORST AND ORATH  ORATH  ORST AND ORATH  ORATH  ORST AND ORATH  ORATH  ORST AN		_	Little Rock. Arkansas I	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (May, no, or unk.) (If Yes, give, were redetes of service) Unknown Clin.Rec. Vet.Adm.Hosp., Ft. Howard, Md.  1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE(S)  DUE TO GENERALIZED ARTERIOSCIEROSIS  DISEASES OR CONDITIONS, IR ANY, GIVEN SIGNATURE  ANTECEDENT CAUSE(S)  DUE TO GENERALIZED ARTERIOSCIEROSIS  DUE TO (C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 1. Tuber culosis, chronic, Pulmonary, Moderately, Admitted and the control of the year cedy of the year conditions contributing 1. Tuber culosis, chronic, Pulmonary, Moderately, Admitted and the december of the year cedy of	13. FATHER'S NAME			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (May, no, or unk.) (If Yes, give, were redetes of service) Unknown Clin.Rec. Vet.Adm.Hosp., Ft. Howard, Md.  1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE(S)  DUE TO GENERALIZED ARTERIOSCIEROSIS  DISEASES OR CONDITIONS, IR ANY, GIVEN SIGNATURE  ANTECEDENT CAUSE(S)  DUE TO GENERALIZED ARTERIOSCIEROSIS  DUE TO (C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 1. Tuber culosis, chronic, Pulmonary, Moderately, Admitted and the control of the year cedy of the year conditions contributing 1. Tuber culosis, chronic, Pulmonary, Moderately, Admitted and the december of the year cedy of	James W. Loughborough		Mamr W Wahster	
(18) INSEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE(S)  DUE TO GENERALIZED ARTERIOSCLEROSIS  DUST TO THE AGOVE CAUSE  (A) ARTERIOSCLEROSIS  DUE TO GENERALIZED ARTERIOSCLEROSIS  DUST TO THE AGOVE CAUSE  (B) DUE TO GENERALIZED ARTERIOSCLEROSIS  DUE TO GENERALIZED ARTERIOSCLEROSIS  UNKNOWN  DISTASE OR CONDITIONS CONTRIBUTING 1 Tuber culosis Chronic Pulmonary Moderately Addition of The Part	15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ARTERIOSCIEROTIC CARDIOVASCULAR DISEASE  ARTERIOSCIEROTIC CARDIOVASCULAR DISEASE  ARTERIOSCIEROSIS  UNKNOWN  DISEASES OR CONDITIONS, IF ANY, [8]  GENERALIZED ARTERIOSCIEROSIS  UNKNOWN  DISEASES OR CONDITIONS, IF ANY, [8]  OF ANY CONTROLLING CAUSE LAST, [C]  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 1 Tuberculosis, chronic, Pulmonary, Moderately, Additionary, International Control of the Vanced, Inactive, [2] Decubitus ulcer, It-100t & ankie 1 Weeks  DISEASE OR CONDITION AUSING DEATH OF THE VANCE AND	(Yas, no, or unk.) (If Yas, give wer or detes of service)	Unlengum		Tarrand Md
IDISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ANTECEDENT CAUSE (A)  ARTERIOSCIFROTIC CARDIOVASCULAR DISEASE  ANTECEDENT CAUSE (A)  ARTERIOSCIFROTIC CARDIOVASCULAR DISEASE  UNKNOWN  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO  (C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE YOURGE, INACTIVE (C) DECUDITUS ULCER', It TOOK WHILE  15 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE YOURGE, INACTIVE (C) DECUDITUS ULCER', It TOOK WHILE  19 DATE OF OPERATION  19 DATE OF OPERATION  21 DATE OF OPERATION  21 DE PLACE (Home, farm, lactory, OF INJURY Street, office bidg., etc.)  OF CONTRIBUTING CAUSE OF OFATH  (I) ETHER, NOTELY MEDICAL EXAMINER)  AND CAUSE OF OFATH  (I) ETHER, NOTELY MEDICAL EXAMINER)  AND CAUSE OF OFATH  (I) ETHER OF INJURY (Monith) (Dey) (Year) (Hour) (21e, FULLY OCCURRED While at work at	Tes   W T			
ANTECEDENT CAUSE (A) ARTERIOSCIEROTIC CARDIOVASCULAR DISEASE  ANTECEDENT CAUSE(S) DISEASES OF CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OF CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OF CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE VANCE OF TH	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT		HEICKHON	
ANTECEDENT CAUSE(S)  DUE TO GENERALIZED ARTERIOSCIEROSIS  UNKNOWN  DISEASES OR CONDITIONS, IF ANY, [8]  GIVEN ANY, [8]  STATING UNDERLYING CAUSE LAST, UC)  II OTHER SIGNERCANT CONDITIONS CONTRIBUTING T. Tuberculosis, chronic, full tonary, inderately Ad- TO THE DEATH BUT NOT RELATED TO THE VENCE of LIBACTIVE. Decubitus ulcer, it eloof ankle  DISTAS OR CONDITION (C)  II OTHER SIGNERCANT CONDITIONS CONTRIBUTING T. Tuberculosis, chronic, full tonary, independent of the vence of the ven	MARNATE CAUSE (A) APT	PRIOSCIEROTIC C	ARDTOVASCHTAR DISEASE	
DISEASES OR CONDITIONS, IF ANY, GIVEN RELATED TO THE ABOVE CAUSE LAST, DUE TO CONTRIBUTING I TUDE TO CONTRIBUTING I TUDE TO CONTRIBUTING I TUDE TO CONTRIBUTING I TUDE TO THE PART OF THE VALUE OF THE V				UNKNOWN
GIVING RISE TO THE ABOVE CAUSE LAST DUE TO COUNTRIBUTING CAUSE LAST DUE TO COUNTRIBUTING CAUSE LAST ON CAUSE LAST OF CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT		EWNITZED HELERIT		021111101111
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING   Tuberculosis, chronic Pulmonary Moderately Additional Province of The Death But not related to The Yanced, Inactive (2) Decubitus ulcer, it loot & ankie   Unknown to the Death But not related to The Yanced, Inactive (2) Decubitus ulcer, it loot & ankie   Unknown to the Death (1) Chronic Brain Sundrome   196. Date of Operation   196. Major finding Operation   196. Major operat	GIVING RISE TO THE ABOVE CAUSE			
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.)  OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURED While Not while at work   21f. How DID INJURY OCCUR?  While Not while A work   21f. How DID INJURY OCCUR?  While Not while A work   21f. How DID INJURY OCCUR?  While Not while A work   21f. How DID INJURY OCCUR?  While Not while A work   21f. How DID INJURY OCCUR?  While Not while A work   21f. How DID INJURY OCCUR?  While Not while A work   21f. How DID INJURY OCCUR?  While Not while A work   21f. How DID INJURY OCCUR?  While Not while A work   21f. How DID INJURY OCCUR?  While Not while A work   21f. How DID INJURY OCCUR?  While Not while A work   21f. How DID INJURY OCCUR?  While Not while A work   21f. How DID INJURY OCCUR?  While Not while A work   21f. How DID INJURY OCCUR?  ADDRESS (Street, city, town, stele)  DATE SIGNAL  23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY IOCATION (City, town, or country) (Stale)  Baltimore National A work   22f. ENDERAL DIRECTOR'S SIGNATURE ADDRESS  DATE OF OFFICE OF THE WORK OF OCCURRED AND A work   22f. ENDERAL DIRECTOR'S SIGNATURE ADDRESS  DATE OF OFFICE OF OCCURRED AND A work   22f. How DID INJURY OCCUR?  WHERE DID INJURY OCCUR? (City or town) (Country) (Stale)  State of Occurred A work   22f. How DID INJURY OCCUR?  A DOCK STATE OF OCCURRED AND A work   22f. How DID INJURY OCCUR?  A DOCK STATE OF OCCURRED AND A work   22f. How DID INJURY OCCUR?  A DOCK STATE OF OCCURRED AND A work   22f. How DID INJURY OCCUR?  A DOCK STATE OF OCCURRED AND A work   22f. How DID INJURY OCCUR?  A DOCK STATE OF OCCURRED AND A work   22f. How DID INJURY OCCUR?  A DOCK STATE OCCURRED AND A work   22f. How DID INJURY OCCUR?  A DOCK STATE OCCURRED AND A work   22f. How DID INJURY OCCUR?  A DOCK STATE OCCURRED AND A work   22f. How DID INJURY OCCURRED AND A work   22f	(07) 2.70			
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.)  OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURED While Not while at work   21f. How DID INJURY OCCUR?  While Not while A work   21f. How DID INJURY OCCUR?  While Not while A work   21f. How DID INJURY OCCUR?  While Not while A work   21f. How DID INJURY OCCUR?  While Not while A work   21f. How DID INJURY OCCUR?  While Not while A work   21f. How DID INJURY OCCUR?  While Not while A work   21f. How DID INJURY OCCUR?  While Not while A work   21f. How DID INJURY OCCUR?  While Not while A work   21f. How DID INJURY OCCUR?  While Not while A work   21f. How DID INJURY OCCUR?  While Not while A work   21f. How DID INJURY OCCUR?  While Not while A work   21f. How DID INJURY OCCUR?  While Not while A work   21f. How DID INJURY OCCUR?  ADDRESS (Street, city, town, stele)  DATE SIGNAL  23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY IOCATION (City, town, or country) (Stale)  Baltimore National A work   22f. ENDERAL DIRECTOR'S SIGNATURE ADDRESS  DATE OF OFFICE OF THE WORK OF OCCURRED AND A work   22f. ENDERAL DIRECTOR'S SIGNATURE ADDRESS  DATE OF OFFICE OF OCCURRED AND A work   22f. How DID INJURY OCCUR?  WHERE DID INJURY OCCUR? (City or town) (Country) (Stale)  State of Occurred A work   22f. How DID INJURY OCCUR?  A DOCK STATE OF OCCURRED AND A work   22f. How DID INJURY OCCUR?  A DOCK STATE OF OCCURRED AND A work   22f. How DID INJURY OCCUR?  A DOCK STATE OF OCCURRED AND A work   22f. How DID INJURY OCCUR?  A DOCK STATE OF OCCURRED AND A work   22f. How DID INJURY OCCUR?  A DOCK STATE OF OCCURRED AND A work   22f. How DID INJURY OCCUR?  A DOCK STATE OCCURRED AND A work   22f. How DID INJURY OCCUR?  A DOCK STATE OCCURRED AND A work   22f. How DID INJURY OCCUR?  A DOCK STATE OCCURRED AND A work   22f. How DID INJURY OCCURRED AND A work   22f	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 1	uberculosis, chr	onic, Pulmonary, Moderately, Ad-	
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.)  OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURED While Not while at work   21f. How DID INJURY OCCUR?  While Not while A work   21f. How DID INJURY OCCUR?  While Not while A work   21f. How DID INJURY OCCUR?  While Not while A work   21f. How DID INJURY OCCUR?  While Not while A work   21f. How DID INJURY OCCUR?  While Not while A work   21f. How DID INJURY OCCUR?  While Not while A work   21f. How DID INJURY OCCUR?  While Not while A work   21f. How DID INJURY OCCUR?  While Not while A work   21f. How DID INJURY OCCUR?  While Not while A work   21f. How DID INJURY OCCUR?  While Not while A work   21f. How DID INJURY OCCUR?  While Not while A work   21f. How DID INJURY OCCUR?  While Not while A work   21f. How DID INJURY OCCUR?  ADDRESS (Street, city, town, stele)  DATE SIGNAL  23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY IOCATION (City, town, or country) (Stale)  Baltimore National A work   22f. ENDERAL DIRECTOR'S SIGNATURE ADDRESS  DATE OF OFFICE OF THE WORK OF OCCURRED AND A work   22f. ENDERAL DIRECTOR'S SIGNATURE ADDRESS  DATE OF OFFICE OF OCCURRED AND A work   22f. How DID INJURY OCCUR?  WHERE DID INJURY OCCUR? (City or town) (Country) (Stale)  State of Occurred A work   22f. How DID INJURY OCCUR?  A DOCK STATE OF OCCURRED AND A work   22f. How DID INJURY OCCUR?  A DOCK STATE OF OCCURRED AND A work   22f. How DID INJURY OCCUR?  A DOCK STATE OF OCCURRED AND A work   22f. How DID INJURY OCCUR?  A DOCK STATE OF OCCURRED AND A work   22f. How DID INJURY OCCUR?  A DOCK STATE OF OCCURRED AND A work   22f. How DID INJURY OCCUR?  A DOCK STATE OCCURRED AND A work   22f. How DID INJURY OCCUR?  A DOCK STATE OCCURRED AND A work   22f. How DID INJURY OCCUR?  A DOCK STATE OCCURRED AND A work   22f. How DID INJURY OCCURRED AND A work   22f	DISEASE OR CONDITION CAUSING DEATH 3 10 hr	nio Brain Sundr	come	Weeks
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., etc.)  QR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., etc.)  QR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., etc.)  QR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., etc.)  QR CONTRIBUTING   CAUSE OF DEATH OF INJURY Street, office bldg., etc.)  QR CONTRIBUTING   CAUSE OF DEATH OF INJURY Street, office bldg., etc.)  QR CONTRIBUTING   CAUSE OF DEATH OF DEATH OF INJURY OCCUR?  QR CONTRIBUTING   CAUSE OF DEATH OF INJURY Street, office bldg., etc.)  QR CONTRIBUTING   CAUSE OF DEATH OF INJURY OCCUR?  QR CONTRIBUTING   CAUSE OF DEATH OF INJURY OCCUR?  QR CONTRIBUTING   CAUSE OF DEATH OF INJURY OCCUR?  QUIT   County   County	196. DATE OF OPERATION 196. MAJOR FINDING	GS OF OPERATION		
22. I hereby certify that X attended the deceased from Oct. 22				1
M. While at work Nor while at work 1 standard the deceased from Oct. 22 155 to Oct. 31 155 XHANNING WARRANGE AND COLOR SIGNATURE William Adventure at 9125P.M., from the causes and on the date stated above.  **SIGNATURE** (Street, city, town, state)**  **DATE SIGNER  Milton Ginsberg M.D. Acting Chief Surviceal Service VAH. FORT HOWARD. MARYIAND 11-1-23. BURIAL CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)  Burial Baltimore National Baltimore, Manyland  24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  DATE OF CEMETERY OR CREMATORY LOCATION (City, town, or county) ADDRESS  DATE OF CEMETERY OR CREMATORY LOCATION (City, town, or county) ADDRESS  DATE OF CEMETERY OR CREMATORY LOCATION (City, town, or county) ADDRESS  DATE OF CEMETERY OR CREMATORY LOCATION (City, town, or county) ADDRESS  DATE OF CEMETERY OR CREMATORY LOCATION (City, town, or county) ADDRESS  DATE OF CEMETERY OR CREMATORY LOCATION (City, town, or county) ADDRESS  DATE OF CEMETERY OR CREMATORY LOCATION (City, town, or county) ADDRESS  DATE OF CEMETERY OR CREMATORY LOCATION (City, town, or county) ADDRESS  DATE OF CEMETERY OR CREMATORY LOCATION (City, town, or county) ADDRESS  DATE OF CEMETERY OR CREMATORY LOCATION (City, town, or county) CITY (CITY, town, or county) CI	21a. ACCIDENT WAS UNDERLYING ☐ 71b. PLACE (HOR CONTRIBUTING ☐ CAUSE OF DEATH ☐ OF INJURY stree (IF EITHER, NOTIFY MEDICAL EXAMINER)		Tie. WHERE DID INJURY OCCUR? (City or town) (Cour	niyi (Steta)
M. at work at work			211. HOW DID INJURY OCCUR?	
MILTON GINSDERG, M.D. Acting Chief Survival Service, VAH. FORT HOWARD, MARYIAND 11-1-23. BURIAL, CREMATION, REMOVAL (SPECIFY)  BURIAL, CREMATION, REMOVAL (SPECIFY)  BURIAL CREMATION, REGISTRAR REGISTRAR'S SIGNATURE  DATE SIGNAL  CSTATION (City, town, or county)  CSIDIES  C				
MILTON GINSDERG, M.D. Acting Chief Survival Service, VAH. FORT HOWARD, MARYIAND 11-1-23. BURIAL, CREMATION, REMOVAL (SPECIFY)  BURIAL, CREMATION, REMOVAL (SPECIFY)  BURIAL CREMATION, REGISTRAR REGISTRAR'S SIGNATURE  DATE SIGNAL  CSTATION (City, town, or county)  CSIDIES  C	22. I hereby certify that X attended the de-	ceased from Oct. 22	1955 to Oct 31 1955 xtm	CMECHENOXONACTORENSIAN
Milton Ginsberg, M.D., Acting Chief, Surviceal Service, VAH, FORT HOWARD, MARYLAND 11-1-23. BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial CREMATION, REMOVAL (SPECIFY)  Burial Registrar Registrar's SIGNATURE  DATE SIGNATURE  NAME OF CEMETERY OR CREMATORY  NAME OF CEMETERY OR CREMATORY  LOCATION (City, town, or county)  Baltimore, Maryland  24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE  DATE SIGNATURE  NAME OF CEMETERY OR CREMATORY  REGISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR'S SIGNATURE  DATE SIGNET  ADDRESS  (Street, city, town, stete)  DATE SIGNET  (SISSIE)  COLOTION (City, town, or county)  (SISSIE)  REGISTRAR'S SIGNATURE  DATE SIGNET  ADDRESS  (STREET, LOW, LOW, LOW, LOW, LOW, LOW, LOW, LOW				
23. BURIAL, CREMATION, REMOVAL (SPECIFY)  BUTIAL  24. REC'D BY REGISTRAR  DATE THEREOF  NAME OF CEMETERY OR CREMATORY  LOCATION (City, town, or county)  Baltimore, Maryland  25. FUNERAL DIRECTOR'S SIGNATURE  DATE THEREOF  NAME OF CEMETERY OR CREMATORY  LOCATION (City, town, or county)  Baltimore, Maryland  25. FUNERAL DIRECTOR'S SIGNATURE  DATE THEREOF  NAME OF CEMETERY OR CREMATORY  LOCATION (City, town, or county)  SIDNER  Baltimore, Maryland  25. FUNERAL DIRECTOR'S SIGNATURE  DATE THEREOF  NAME OF CEMETERY OR CREMATORY  LOCATION (City, town, or county)  SIDNER  BALTIMORE, Maryland  26. FUNERAL DIRECTOR'S SIGNATURE  DATE THEREOF  NAME OF CEMETERY OR CREMATORY  LOCATION (City, town, or county)  SIDNER  BALTIMORE, Maryland  26. FUNERAL DIRECTOR'S SIGNATURE  DATE THEREOF  NAME OF CEMETERY OR CREMATORY  LOCATION (City, town, or county)  SIDNER  REGISTRAR'S SIGNATURE  ADDRESS  DATE THEREOF  NAME OF CEMETERY OR CREMATORY  LOCATION (City, town, or county)  SIDNER  REGISTRAR'S SIGNATURE  ADDRESS  DATE THEREOF  NAME OF CEMETERY OR CREMATORY  LOCATION (City, town, or county)  SIDNER  REGISTRAR'S SIGNATURE  ADDRESS  DATE THEREOF  NAME OF CEMETERY OR CREMATORY  LOCATION (City, town, or county)  REGISTRAR'S SIGNATURE  ADDRESS  DATE THEREOF  NAME OF CEMETERY OR CREMATORY  LOCATION (City, town, or county)  REGISTRAR'S SIGNATURE  ADDRESS  DATE THEREOF  NAME OF CEMETERY OR CREMATORY  REGISTRAR'S SIGNATURE  ADDRESS  DATE THEREOF  NAME OF CEMETERY OR CREMATORY  REGISTRAR'S SIGNATURE  ADDRESS  DATE THEREOF  NAME OF CEMETERY OR CREMATORY  REGISTRAR'S SIGNATURE  REGISTRAR'S SIGNATURE  REGISTRAR'S SIGNATURE  ADDRESS  DATE THEREOF  NAME OF CEMETERY OR CREMATORY  REGISTRAR'S SIGNATURE  REGISTRAR	207 8 21 2 4 1 2 2 2 2	land a land		DATE SIGNED
23. BURIAL, CREMATION, REMOVAL (SPECIFY)  BUTIAL  24. REC'D BY REGISTRAR  DATE THEREOF  NAME OF CEMETERY OR CREMATORY  LOCATION (City, town, or county)  Baltimore, Maryland  25. FUNERAL DIRECTOR'S SIGNATURE  DATE THEREOF  NAME OF CEMETERY OR CREMATORY  LOCATION (City, town, or county)  Baltimore, Maryland  25. FUNERAL DIRECTOR'S SIGNATURE  DATE THEREOF  NAME OF CEMETERY OR CREMATORY  LOCATION (City, town, or county)  SIDNER  Baltimore, Maryland  25. FUNERAL DIRECTOR'S SIGNATURE  DATE THEREOF  NAME OF CEMETERY OR CREMATORY  LOCATION (City, town, or county)  SIDNER  BALTIMORE, Maryland  26. FUNERAL DIRECTOR'S SIGNATURE  DATE THEREOF  NAME OF CEMETERY OR CREMATORY  LOCATION (City, town, or county)  SIDNER  BALTIMORE, Maryland  26. FUNERAL DIRECTOR'S SIGNATURE  DATE THEREOF  NAME OF CEMETERY OR CREMATORY  LOCATION (City, town, or county)  SIDNER  REGISTRAR'S SIGNATURE  ADDRESS  DATE THEREOF  NAME OF CEMETERY OR CREMATORY  LOCATION (City, town, or county)  SIDNER  REGISTRAR'S SIGNATURE  ADDRESS  DATE THEREOF  NAME OF CEMETERY OR CREMATORY  LOCATION (City, town, or county)  SIDNER  REGISTRAR'S SIGNATURE  ADDRESS  DATE THEREOF  NAME OF CEMETERY OR CREMATORY  LOCATION (City, town, or county)  REGISTRAR'S SIGNATURE  ADDRESS  DATE THEREOF  NAME OF CEMETERY OR CREMATORY  LOCATION (City, town, or county)  REGISTRAR'S SIGNATURE  ADDRESS  DATE THEREOF  NAME OF CEMETERY OR CREMATORY  REGISTRAR'S SIGNATURE  ADDRESS  DATE THEREOF  NAME OF CEMETERY OR CREMATORY  REGISTRAR'S SIGNATURE  ADDRESS  DATE THEREOF  NAME OF CEMETERY OR CREMATORY  REGISTRAR'S SIGNATURE  REGISTRAR'S SIGNATURE  REGISTRAR'S SIGNATURE  ADDRESS  DATE THEREOF  NAME OF CEMETERY OR CREMATORY  REGISTRAR'S SIGNATURE  REGISTRAR	Milton Gingherg M.D. Acting	Chief Suntinel	Service WAH FORT HOWARD MAN	STAMP 17 7 C
DAINLOW. 7,1955 Sausan L Farler Wm. J. Tickner & Sons. Inc. North Penns. Ave.	23. BURIAL, CREMATION.   DATE THEREOF	NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county	(State)
DAINLOW. 7,1955 Sausan L Farler Wm. J. Tickner & Sons. Inc. North Penns. Ave.		Baltimore Nat	ional Baltimore, Mary	rland
	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATU	JRE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
	DAINOV. 7,1955 Manna	L Farler	Wm.I. Tickner & Sons The Month	Panna Assa
	HI CHANGE			IN CHIPLANY



I A Water



The

of death clearly and legibly.

please write the causes

Physicians:

important.

especially

, NO

age

correct

PLEASE TYPE

3.

5. H

OA

13

18. 1

(Ye

п

19/

alive on

DATE REC'D

REGISTRAR/A

SIGNATURE

29. BURIAL. CREMATIC REMOVAL (SPECIFY)

Burial

OR CONTRIBUTING CAUSE OF DEATH

2in. TIME (Month) (Day) (Year) (Hour) OF "INJURY

CREMATION,

LOCAL

22. I hereby certify that I attended the deceased from

DATE THEREOF

(IF EITHER, NOTIFY MEDICAL EXAMINER)

	MARY	LAND STATI	E DEPAR	TMEN	T OF HEALT	H—BALTIMORE, 18	10557
	94				OF DEA		t. No. 3/
1.	PLACE OF DEATH:			1	2. USUAL RESID	ENCE (HOME) OF DECEASE	D:
	COUNTY Baltimore		MARYLAND	, 1	STATE MATY	rland COUNTY Bal	timore
	CITY (If outside corporate	limits, write RURAI	LENGTH (	OF STAY	CITY(If outside	corporate limits, write RURAL.	
X	TOWN (Rural) Wood	llawn	(in this	piacei	OR TOWN	Woodlawn (Rural	) ×
	HOSPITAL OR INSTITUTION OR				STREET	(If rural give location	)
A		gwood_Road				Dogwood Road	
3 ,	NAME OF (First	(M	iddle)	(	Last)		Day) (Year)
	OECEASED: (Type or Print) SARAF	H MAR	GARET	Mac	KENZIE	DEATH: Oct	. 23, 1955
5.	SEX 6. COLOR OR	7. SINGLE, MAR	VORCED	B. DATE	OF BIRTH.	9. AGE last birthday IF UNORR 1	
	emale White	(Specify): W1	dow	Sept.	27, 1874	81 yrs. Months	Days   Hours   Min.
	USUAL OCCUPATION (Given work done during most of wo	rking life   OP	INDUSTRY:	NESS	II. BIRTHPLACE	(State or foreign country):  12.	CITIZEN OF WHAT
	even if retired : Housewi	fe Ow	n Home		Virgin	nia	U. S. A.
	FATHER'S NAME:	<u> </u>			14. MOTHER'S M	AIDEN NAME:	
	?	Hannon				Inknown	
8. Y	WAS DECEASED EVER IN U.S. A		OCIAL SECURIT	ry No.	17. INFORMANT	a ADDRESS: Woodlawn -	7. Md.
Y a	s, no, or unk.) (If Yes, give of service)	war or dated	None			le MacKenzie Dogwoo	
			EDICAL CEI		ION		INTERVAL BETWEEN
1	DISEASES OR CONDITION	S DIRECTLY LEAD	ING TO BEA	TH	-		ONSET AND DEATH
	IMMEDIATE CAUSE	(A)	acc	mo	maloses		->
	ANTECEDENT CAUSE	DUE '	TO		00-4	-5(0	
DI	SEASES OR CONDITIONS,		arte	uxn	in 1) Lute	slug (Large)	
GI	VING RISE TO THE ABOVE PATING UNDERLYING CAU	CAUSE DUE	100	11	* / .		
		(C)	prol	10-11.	ascular	Amare	
	OTHER SIGNIFICANT CONTO THE DEATH BUT NOT		BUTING				
	DISEASE OR CONDITION	CAUSING DEATH.					
9/	DATE OF OPERATION:	198. MAJOR FIND	INGS OF OF	PERATION			20. AUTOPSY?
	1955	ceo als					YES NO E
21A	. ACCIDENT WAS UNDERL	YING 218. PL	ACE (Home,	farm, fact	ory. 21c. WHERE	DID (City or town) (Coun	ty) (State)

OF INJURY street, office bldg., etc.

21E INJURY OCCURRED While Not while

and that death occurred at /6

at work

at work

21c. WHERE DID (City or town)

DIRECTOR

21F. HOW DID INJURY OCCUR?

ADDRESS

INJURY OCCUR?

, 19

M. D.

NAME OF CEMETERY OR CREMATORY

Good Sheppard Cemetery

19.5 a that I last saw the deceased

DATE SIGNED

Md.

Catonsville, Md

ADDRESS

M, from the causes and on the date stated above.

LOCATION (City, town, or county)

Ellicott City.

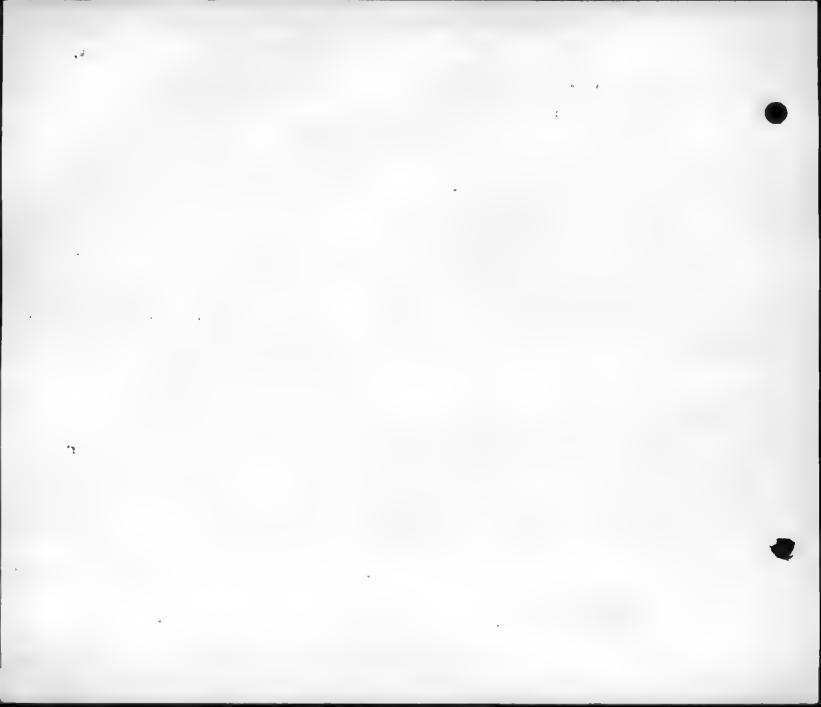
OR

A15 - 10 - 53Š



VS. A15

MARYLA	AND STATE DEPAR	RTMENT	OF HEALTH	H—BALTIMORE, 18	09484
9493	CERTIFI	CATE	OF DEA!	rh Reg. Dis	st. No.
1. PLACE OF DEATH.		2	. USUAL RESID	ENCE (HOME) OF DECEAS	ED:
COUNTY BALTIMORE MARYLAND			STATE MARYLAND COUNTY		
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN FORT HOWARD  LENGTH OF STAY (in this place)			CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE		
HOSPITAL OR INSTITUTION OR ASTREET ADDRESSVETERAN	S ADMINISTRATION	HOSPITAL	STREET ADDRESS 221	(If rural give location	· · · · · · · · · · · · · · · · · · ·
3. NAME OF (First)	(Middle)	(Lau	st)	4. DATE (Month)	(Day) (Year)
DECEASED: JOSEPH (Type or Print)		MACKE	Υ	DEATH:OCTOBER	8, 19 55
5. SEX: 6. COLOR OR 7. RACE: WHITE	SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED	8. DATE OF 2-4-9		9. AGE last birthday IF UNDER Months yrs.	Days Hours Min.
IOA USUAL OCCUPATION (Give )	and of 10B KIND OF BUS		. BIRTHPLACE	State or foreign country) 12	COUNTRY?
work done during most of working life, even if retired): SALESMAN ROOFING			CHURCH HILL, MARYLAND U.S.A.		
13. FATHER'S NAME:			14, MOTHER'S MAIDEN NAME:		
PETER MACKEY ANNA USILTON				PON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS.					
(Yes, no, or unk) (If Yes, give war or dates 218-07-3343 CLIN.REC., VET. ADM. HOSP., FT					. HOWARD, ND.
18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					INTERVAL BETWEEN
CARCINOMA OF LUNG					7 MONTHS
IMMEDIATE CAUSE	DUE TO		-		
ANTECEDENT CAUSE (S)					
DISEASES OR CONDITIONS. IF GIVING RISE TO THE ABOVE C STATING UNDERLYING CAUSE	LAST. DUE TO				
II OTHER SIGNIFICANT COND	(C)			<del> </del>	1-
TO THE DEATH BUT NOT RELATED TO THE DURINA TIC URART DIGRACE					12 YEARS
DISEASE OR CONDITION CAUSING DEATH. MINDOWATE DEBANDS.  19A. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATION					20. AUTOPSY?
ion. Daile of the many					YES NO X
21A. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF JETHER, NOTIFY MEDICAL EXAMI	NG 21B. PLACE (Home, DEATH OF INJURY street, NER)	farm, factory office bldg., etc	INJURY OCCU	R?	inty) (State)
21D. TIME (Month) (Day) (Year) OF INJURY	While No	t while work	21F. HOW DID	INJURY OCCUR?	
22. I hereby certify that WAa	ttended the deceased from	m Aug. 2	2, 19.55, to Oc	t. 8 , 1955, <b>Marcixi</b>	openy obexicesses.
SIGNATURE I	00 11/1/1/		ADDRES	SS	ATE SIGNED
23. BURIAL, CREMATION, DA	HILL, FL.D. M.D. VAH, Fort Howard, Md. 10-8-55  DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)				
Darrer	Oct 11, 1955 BALTIMORE NATIONAL CEMETERY BALTIMORE, MARYLAND				
DATE REC'D BY LOCAL RE	GISTRAR'S SIGNATURE	V	ITLLY &	ZEILER FUNERAL HO	
					The state of the s



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

2411 N. Charles

9494

## CERTIFICATE OF DEATH

Reg. Dist. No. 30

09485

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY	Mary Land Harford
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
50 TOWN (in this place) 2 2/2016	TOWN Hevre de Grace
	STREET (If rural, give location)
HOSPITAL OR HOUSE of Pines Nursing Home	ADDRESS North Stokes St.
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
(Type or Print) Juseph G	Marking OF
5. SEX   6. COLOR OR RACE   7. SINGLE-MARRIED,	
Maxie WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTH 9. AGE last birthday II under I year III under 24 hrs Months Days Hours Min.
AOa. USUAL OCCUPATION (Give kind of work   10b. Kind of Business on	11. BURTHPLACE (State or foreign country)
done during most of working life, evon if retired) INDUSTRY, retired Civil Enginee.	rl U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Mackin	Mary Crane
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS
service)	
18. MEDICAL C	ERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATS
Immediate cause (a)	men mount
Ininiculate Cause	Sullivatoria and
Antecedent cause(s)	ndes-/ was a former 10 13
Diseases or conditions, if any, (b)	the state of the state of the state of the
stating the underlying cause last	
(c)	
H. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	1 20. AUTOPSY?
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street	, : (CITY OR TOWN) (COUNTY) (STATE)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office hldg., etc.) INJURY	(SIAIL)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
	•
22. I hereby certify that I attended the deceased from	, 193, to / ?
	m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Welmon R. Hallager Mis. C.	estonaville 28, med. 10-20-55
m vaa v nera v 101 . 38 t 3	ERY OR CREMATORY   LOCATION (City, town, or county) (State)
REHAVAIA(Specify) 10-22-55 Angel Hill	Cemetery   Havre de Grace, Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
-10/11/51 / E Harry	Pennington & Son, 225 S. Mashington St.
	Havre de Grace, Md.

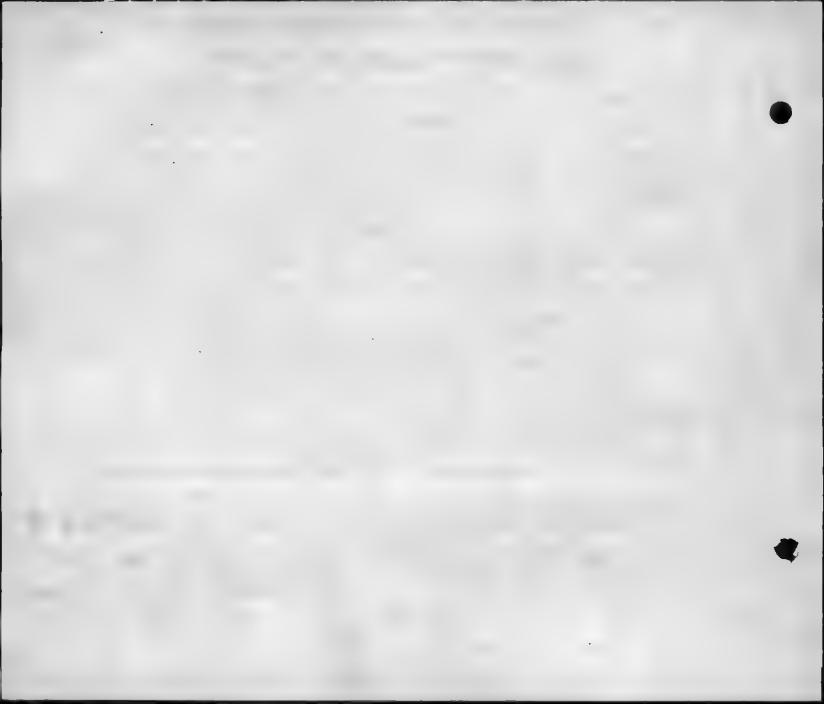


### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### CERTIFICATE OF DEATH

09486

9495	Reg. Dist. No.,
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY 1 ACT TO LEGAS . MARYLAND	CIN MILA COMMENTAL
CITY (If outside corporata limits, write RUBAL   LENGTH OF STAY	STATE COUNTY (If outside corporate limits, write RURAL and give nearest down)
OR and give nearest town) (in this place)	OR TOWN
HOSPITAL OR	MY GREET MESTELL X
MINSTITUTION OR TEXACT FINE.	STREET ADDRESS (if rural give location)
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Dey) [Yeer)
(Type or Print) LCIS II ADE	MACRUM DEATH 10-26- 1955
RACE - WIDOWED, DIVORCED,	OF BIRTH  9. AGE last birthdey  IF UNDER 1 YEAR  Weaths Days Hours   Min.
Kelletia Le tull Specify Lesial to 1-	-4-1865 9C yrs. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
relified) / A / / // / A	fommer?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
21:00	Elizabeth Blogger
11.111 11 (1800	Lagueral morpias
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  [Yes, no, or unk.] (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS
1 A.	1150 H. Elder Hyde: Illet
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN
	ONSET AND DEATH
420. IMMEDIATE CAUSE (A) 15 10 MONTH	1 X MARDY 23 Nissel
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	
TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Stata)
21d, TIME OF INJURY (Month) (Day) (Yaer) (Hour) 21a, INJURY OCCURRED Not white Not white at work at work at work at work at work at work as wo	211. HOW DID INJURY OCCUR?
	, 19, that I last saw the deceased
alive on Lumber 1970 and that death occurred a	
SIGNATURE THE THE THE THE TABLE TO	ADDRESS (Straet, city, town, state) DATE SIGNES
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	R CREMATORY LOCATION (City, town, or county) (State)
CYCLETTER (A) (-+3-5) - FROCILITE  24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	25. AUNERAL DIRECTOR'S SIGNATURE ADDRESS
14 37-1-1 MilliAtamma TA	It had Brand I some by The





#### MARYLAND STATE DEPARTMENT OF HEALTH

9496

## CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

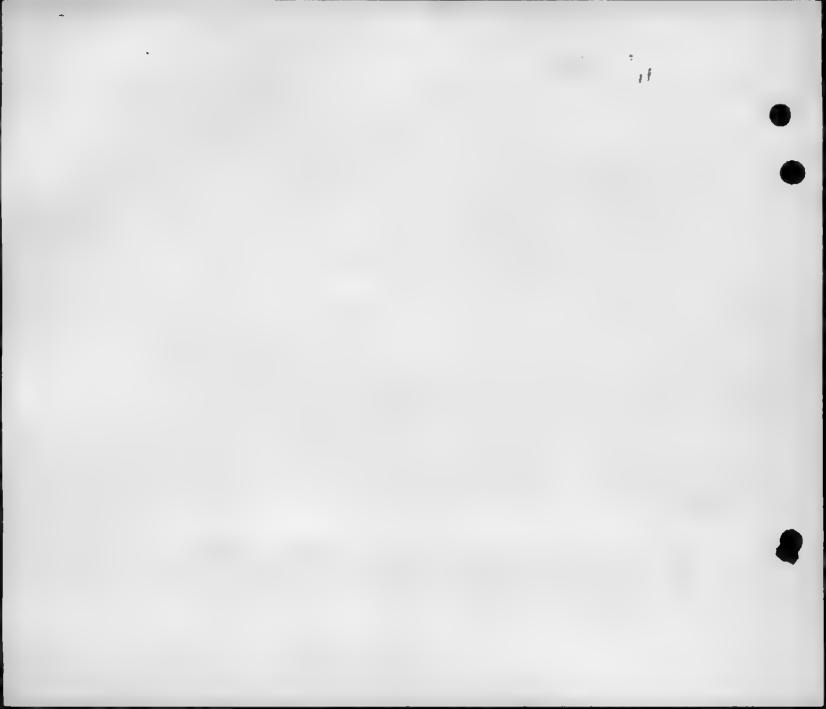
Reg. Dist. No.

	A POLICE DESCRIPTION OF PROPERTY
I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.  COUNTY.
Facelymore MARYLAND	ma: finitime.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give mearest town) (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR
TOWN Sparrond ound	TOWN CARRY.
HOSPITAL OR INSTITUTION OR (4) Pt Hompital	STREET ADDRESS 24 / agra 20 tare
3. NAME OF (First) (Middle)	(f.aat)   4. DATE (Month) (Day) (Year)
(Type or Print)	masser   DEATH 10 - 31 1953
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Trail 126	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 brs Months Days Hours Min.
done during most of working life, even if retired) from the requirement of the requiremen	II. BIRTHPLACE (State or foreign country)  II. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ( frailes of mane on 2	14. MOTHER'S MAIDEN NAME
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) envire)    (If yee, give war or dates of 2/6 - 6/3 - 6/6 & 6/6)	Julia J. masser. (11 afc)
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
	celusion -
Immediate cause (a) 1 1 1 1 1 1 1 1	. C.
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause tast	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing in the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1 1	Yes D No.27
21. EXTERNAL CAUSE WAS PRIMARY JOR CONTRIBUTING OF Three bldg etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY  m. Work   at work	HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an a obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes [] accident [], suicide [], homicide ], SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
11/ 5- 3 h ms as 12 12 -12	w K "redalle-vv-Md- "BIKE-
REMOVAL (Sorelly)	CRY OR CREMATORY   LOCATION (City, town, or county) (State)
Associate pro 3- IJ there	77.2
DATE REC'D'BY LOCAL REGISTRAR'S SIGNATURE REG. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	24. FUNERAL DIRECTOR ADDRESS
- I' I will a will delight of the state of t	

PLEABE WRITE PLAINLY, WITH UNFADING INK. Supply eveny item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. FOR BINDING MARGIN RESERVED

ect age

/S. A15A



939	22			HEALTH—BALT		
MARYLAN	D'STATE	DEPARTME	NT OF	HEALTH-BALT	IMORE,	18
MEDICAL	EXAM	INER'S	CEI	RTIFICATE	OF	DI

0	948	Dist,
III		4

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY JA	uto,
CITY (If outside corporate limits, write RURAL LENGTH OF STA OR and give pearest town) (In this place)	CITY (If outside corporate limits write RURAL and	d give nearest town)
TOWN DUN DALF. 2.5 YEL.	morror to And no	toINT (14)
HOSPITAL OR LASTERN Ave. West of North	STREET (If rural, give location)	, , ,
STREET ADDRESS Point Road	1223 Forest Road	
B. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (De	3
	MATTOLIA DEATH October 1	7 //
RACE: WIDOWED, DIVORCED,	Months 1 092 1-2 12   Months I	Days   Hours   Min.
Male White (Specify): MARRIUM)   J	OR 11. BIRTHPLACE (State or foreign country): 1	2. CITIZEN OF WILAT
work done during most of work life, even if retired):	DENNA	COUNTRY?
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	V13. 7
16 ICHAIS MA TOLA	Insurance (2)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, flo, or unk.) (If Yes, give war or dates of	JOSEPHILE MATTHER - SHOW	,3
18. MED	ICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Crushed Chest		
Immediate cause (a) Urushed Unest		**
Antecedent cause(s) Diseases or conditions, if any, (b)		
giving rise to the above cause DUE TO	•	
stating underlying cause last (c)		
H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION	6 6	26. AUTOPSY? Yes □ No ¾
21a. EXTERNAL CAUSE WAS   21b. PLACE (Home, farm, factor	ory,   21c. (City or town) (County)	(State)
PRIMARY   or CONTRIBUTING   OF street, office bldg., e INJURY Street	Baltimore	Maryland
2id. TIME (Month) (Day) (Year) (Hour) 2ie. INJURY OCCURRED While at Not while	21f. HOW DID INJURY OCCUR?	Jane Janes
INJURY 10/14/55 2:35 AM.   work   at work	Speeding auto - out of contr	
22. I hereby certify that I took charge of the remains desc		
find that death resulted from: Natural causes [], Ac	chief Medical Examiner	DATE SIGNED
Jan Mers	M. D. ASSISTANT MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	10/14/55
	ERY OR CREMATORY   LOCATION, (City, town, or	
REMOVAL (Specify): 10-17-53 + 12ain	really me	
DATE REC'D BY LOCAL   HAGISTRAR'S SIGNATULE	24. FUNERAL DIRECTOR	ADDRESS
Mrs. Edith Frankey	A - i to he - so to Je featon	w. 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(X)	1	



(Year)

IF UNDER 24 MRS

Hours

Owings

INTERVAL BETWEEN

(Davi

Days

Months !

ONSET AND DEATH

20. AUTOPSY1 YES [

(County) (State)

21F. HOW DID INJURY OCCUR?

21c. WHERE DID (City or town)

INJURY OCCUR!

22. I hereby certify that I attended the deceased from 6/2/....., 19 55 to/Q-.. 26.., 1955, that I last saw the deceased

, 19 5, and that death occurred at A ... M, from the causes and on the date stated above.

DATE THEREOF 23. BURIAL, CREMATION. REMOVAL (SPECIFY)

LOCATION (City, town, or county)

Oct.29,1955 Druid Ridge Cemetery Pikes ille. Maryland Burial

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH

DATE REC'D BY LOCAL

PLAINLY 国 22  $\overline{\circ}$ 国 TYPI SE

21A. ACCIDENT WAS UNDERLYING ☐ 21B. PLACE (Home, farm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour)

alive on ... /O

SIGNATURE

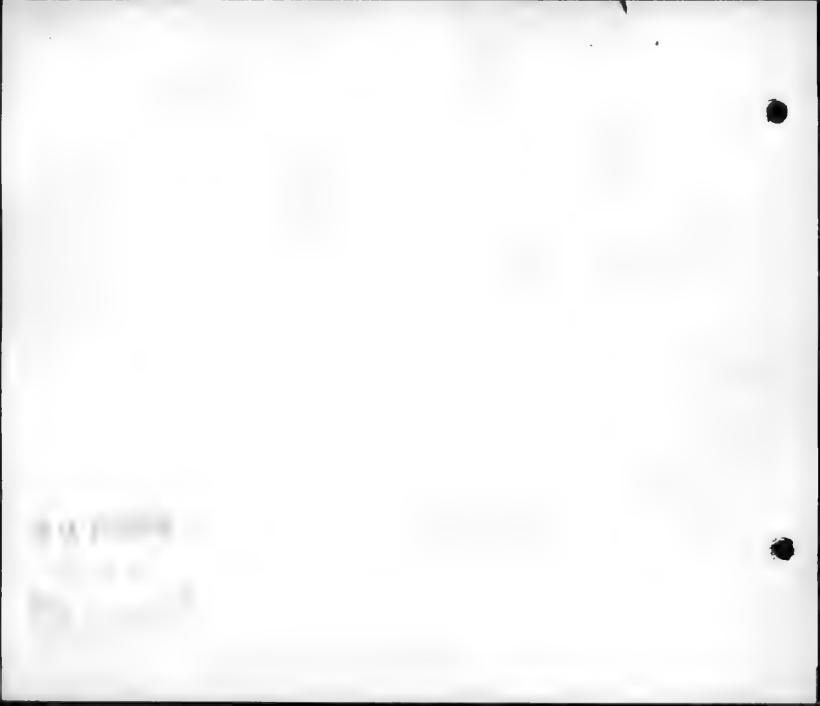
1. PLACE OF DEATH

21E INJURY OCCURRED

Not while at work

at work

ADDRESS



hours after death.

9498

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the register within A. Immers after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

09491

### CERTIFICATE OF

DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY BALTO.	STATE MICH COUNTY BALTO
CITY (If outside corporete limits, write RURAL LENGTH OF STAY	CITY (if outside corporete limits, write RURAL and give necrest town)
OR end give necrest lown) (in this place)	OR 1
X TOWN JONES' CREEK (19) 12425	JONES CAECA (19) Y.
HOSPITAL OR INSTITUTION OR Service 1	ADDRESS (If rural give location)
OU STREET ADDRESS 2413 KETCHUM HUE.	2413 A ETCHUM AUE
3. NAME OF (First) (Middle) DECEASED #7 7	(Lest) 4. DATE (Month) (Dey) (Yeer)
(Type or Print) ARTHUR WILLIAM M	FARLAND DEATH 10-30- 1953
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O. WIDOWED, DIYORCED,	
MALE WHITE Specify MARIED FEB	11,1900 55 yrs. Months Days Hours Min.
105. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
rotland) SALESMAN. STORM WIDDOW	W, VA, COUNTRY?
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
WM. MEFARLAND	MARGARIET J. (?)
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	1 17. INFORMANT & ADDRESS
(Yespeo) or unk.) (If Yes, give wer or detect of service) 527-03-3833	CATHERINE W. MCI-BRLAND
16. MEDICAL CER	TIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
420. IMMEDIATE CAUSE (A) Chall Coronery	Just Hereney 1 hr
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) Colonery Liters	xusean 2m
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
194, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES TO NO DE
216. ACCIDENT WAS UNDERLYING     21b. PLACE [Home, farm, fectory,   2	1c. WHERE DID INJURY OCCUR? (City or town) [County] (Stete)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	County (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
M. at work at work	
	1255 Wet 20 106 1 11
22. I hereby certify that I attended the deceased from	, 19, that I last saw the deceased
alive on Coli 30, 19.55, and that death occurred at:	M, from the causes and on the date stated above.
SIGNATURE	ADDRESS (Street, city, town, state) DATE SIGNED
M.D	520 DUI. Balle 19 md 11-1-55
23. BURJAL, CREMATION,   DATE THEREOF   NAME OF CEMETERY OR	CREMATORY (City, town for county) (Stote)
BRAGNAL (SPECIFY) 11-2-53 OAN LA	WN BALTO. Co. Ms.
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE
mor 2-5-5- Dawson & Hash	Histo Beach Bealler Dudall mil
The state of the s	March 1 date 1 date 1 date 1 1 1 1 1 1



9499 CERTIFICATI	E OF DEATH Reg. Dist	No. 30
1 PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY BALTIMORE MARYLAND	STATE MA	
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITYIIf outside corporate limits, write RURAL :	and give nearest town)
OR and give nearest town) (in this place)	TOWN BALTIMORE	3V 1 4
HOSPITAL OR SPRING LAOUESTATE HOSP.	STREET (If rural give location) ADDRESS 1619 N. BENTALOU S7.	V
3. NAME OF (First) (Middle)	(Last) 4, DATE (Month)	Day) (Year)
(Type or Print) CORF	Prmit OF DEATH: 10	2 1955
5. SEX: 16. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, Specify): WIDOWED 3-5	OF BIRTH: 9. AGE last birthday IF UNDER 1	
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):   12.	CITIZEN OF WHAT
work done during most of working life, even if retired): HOUSE KEEPER	0.0	COUNTRY?
13 FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
SNIVLEY	MILDRED KOONTA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES: 18. SOCIAL SECURITY NO. (Yes, no, or unk.) If Yes, give war or dates of service)	MAS. FRANK MULLIGHN_ 2143 W. W	ORTH DV. BALTO.
18. MEDICAL GERTIFICAT	TION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
IMMEDIATE CAUSE  (A) CEREBR	PAL VASCULAR ACCIDENT	10/3/55
ANTECEDENT CAUSE (8)	COL EROCIE	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  OUE TO	SCLEROSIS	70
(C)		10/12/55
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH,		
194 DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
		YES NO IX
21A. ACCIDENT WAS UNDERLYING \( \) 21B. PLACE (Home, farm, factor of contributing \( \) AUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory. 21c. WHERE DID (City or town) (Count, etc. INJURY OCCUR?	(State)
OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D   21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from JULY	4 , 1955, to Oct. 12 , 19 55, that I last	saw the deceased
alive on	ADDRESS	stated above. re signed
	ERY OR CREMATORY   LOCATION (City, town, or	county) (State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24./FUNERAL DIRECTOR	ADDRESS /
REGISTRAR SIGNATURE	Irm. J. Victemed & Sous	· Walter Mis

MARGIN RESERVED FOR BINDING

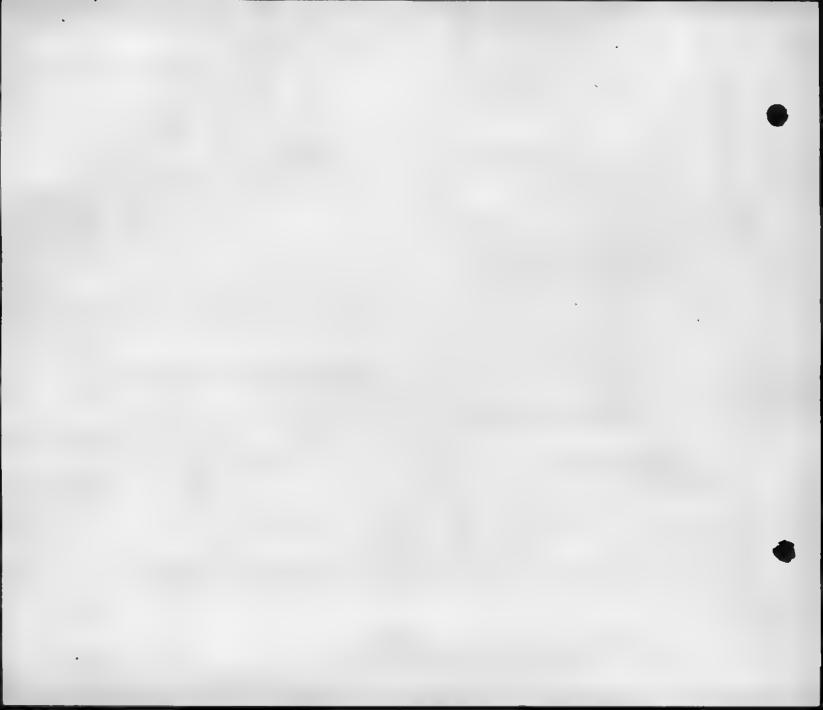
UNFADING INK. Supply mymry item of information carefully. This

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE PLAINLY, WITH

PLEASE TYPE OR

VS. A15-10-53



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

COUNTRY?

TE OF DEA	TH Reg.	Dist. No 3 /
2. USUAL RESIDEN	CE (HOME) OF DECEASE	COUNTY Bellimore
TOWN FOR	corporate limits, write RUF	×
STREET ADDRESS 370	o Cedar Duis	e forheard
LEAN, ST.	4. DATE (Month) OF BEATH:	(Day) (Year) 9 19.5.5
22-1870	AGE last birthday: IF UNI  85 yrs. Mont	hs Days Hours Min.
		I V A CLEANER WAY CARD STITE A

14. MOTHER'S MAIDEN NAME: 17. INFORMANT & ADDRESS:

MEDICAL CERTIFICATION

20. AUTOPSY ?

(STATE)

(COUNTY)

LOCATION City, town, or county

Yes No 🗆

Between

Onset And Death

NAME OF

HOW DID INJURY OCCUR?

(CITY OR TOWN)

....., 1953, that I last saw the deceased

from the causes and on the date stated above. alive on! and that death occurred at SIGNATURE DATE SIENED, (Degree or title) ADDRESS

REMOVAL (Specify) DATE REC'D BY

CREMATION.

BURIAL,

**EUNERAL DIRECTOR** 

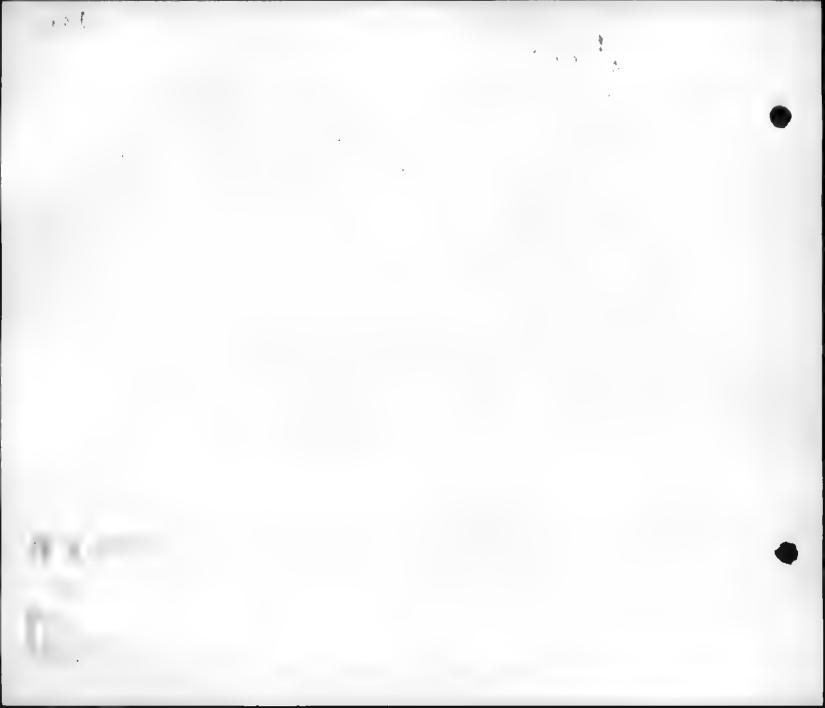
ADDRESS

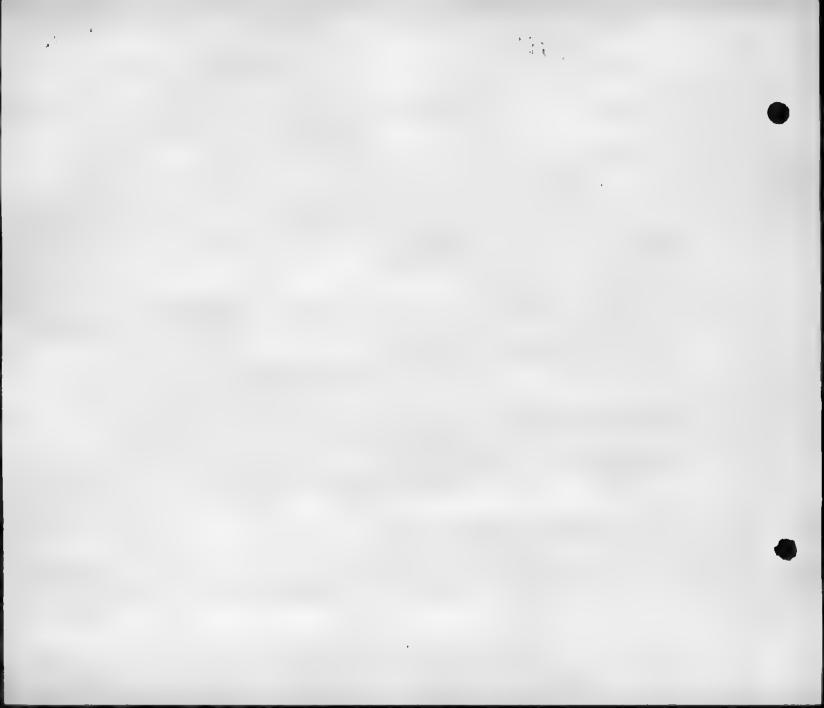
PLEAS

200

96

SE





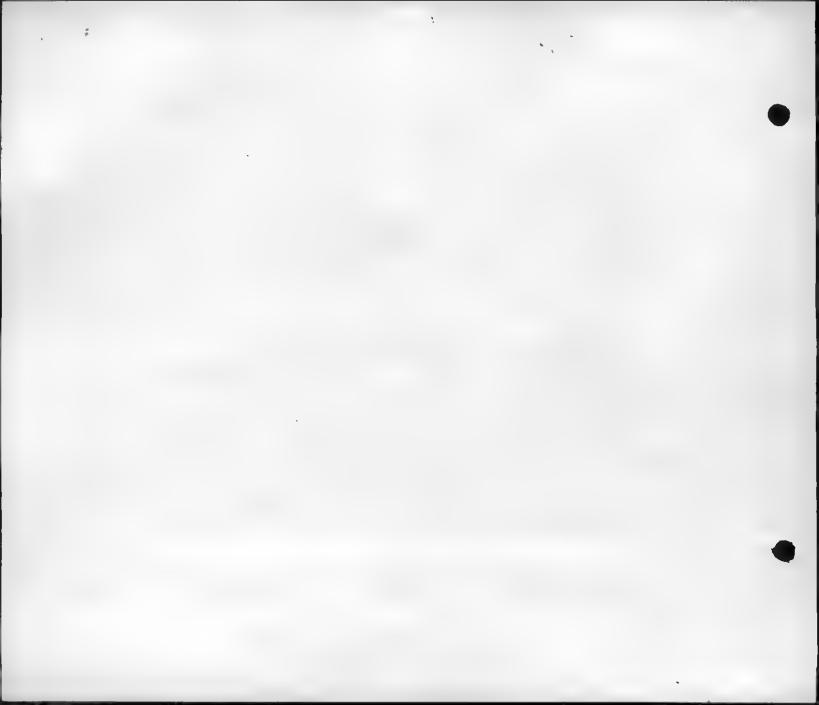
DATE REC'D BY LOCAL

REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR & LAURELL CADORESS CLEEP

Ellsworth Armacost - 4600 Liberty Hights. Ave



REGISTRAR

Reg. Dist. No. USUAL RESIDENCE (HOME) OF DECEASED BALTIMORE CITY(If outside corporate limits, write RURAL and give nearest town) (If rural give location) 4. DATE (Month) (Dav) (Year) DEATH: OCT. 9. AGE last birthday IF UNDER LYEAR Months Days Hours | 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT COUNTRYT U.S.A. S. 48th St INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSYT (County) (State) , 1935, to Oct / , 1955, that I last saw the deceased DATE SIGNED M.D. 1010 NORTH Point Rd - Ba LOCATION (City, town, or county)



## CERTIFICATE OF DEATH

	M/	ARYLAI	ND STA	TE DEP	ARTMEN	NT OF	HEALTH-	-BAL	TIMORE,	18	1	0949
	9514		CERT	IFIC	ATE	0	DE	AT		teg. Di:	st. No	
1. PLACE OF	F DEATH					2. USI	JAL RESID	ENCE (	HOME) OF E			
COUNTY	Baltimo	re		MARYLA	ND	STAT	Maryl	and	COUNTY			
CITY (If ou	side corporete limits, 1			LENGTH OF	STAY	CITY			its, write RURAL	end give n	eeresi town)	
OR end g	Ive neerest town) Fort Ho	ward		(In this plu 20 Da	ROJ RVS		M Balti	more			3 V	1.1
HOSPITAL OF	OR					STRE	ET RESS		, -	ive location	n)	
STREET ADDR	A 6 061 STI				spital		328 W		den Str			
3. NAME OF DECEASE	D		(M	liddle)		(Lest)		4	OF OF		(Dey)	(Yee
(Type or Print	0.000111	1 = 000		F.		IER		1000	DEATHOC			19
5. SEX	6, COLOR OR RACE	WIE	IGLE, MARRIED DOWED, DIVO	R CED.	8. DATE O				E lest birthday	Months	Deys	IF UNDER Hours
Male	White UPATION (Give kind		ecify) Sin	gle	4/10/8		ACE (State or Id	1	58 yrs.	1	12, CITIZEI	N OF WA
done during	most of working life,	oven if	OR II	NDUSTRY			· ·	_			COUN	TRY?
retired) La	aborer		Can C	ompany			imore,		Land		U.S.	A.
Joseph M	LLLOT	PMED EOPCE	FS 1 16	SOCIAL SECU	PITY NO		Dailey		•			
	(II Yes, give war o			4-03-21		1				- TO 4	l IJorro	and Ma
Yes 🐷	ANAK T				ICAL CER			veu	Adm.Hos	Pagr		RVAL BETV
I DISEASES OR	CONDITIONS DIRECT	LY LEADING									1	ET AND D
fr si d + IN	MEDIATE CAUSE	(A)	HEMOR	RHAGE,	CEREBI	RAL					3	WEEKS
	ECEDENT CAUSE(S)	DUE TO	ARTER	IOSCLE	ROTIC (	CARDIO	VASCULA	R DIS	SEASE		UN	IKNOWN
GIVING RISE TO	THE ABOVE CAUS	r, (B) SE T DUE TO										
	LYING CAUSE LAST	(0)										
	CANT CONDITIONS C BUT NOT RELATED T		G PHILMO	NARY EI	MPHVSE	ITΔ					111/	KNOWN
	ONDITION CAUSING	DEATH	R FINDINGS OF			1152						. AUTOPS
190. DATE OF CI	EKATION	IYD. MAJOK	FINDINGS OF	POPERATION							YES	and the same of th
OR CONTRIBUTING	VAS UNDERLYING DEATH	B OF INJ	LACE (Home, URY street, off	lerm, lectory, ice bldg., etc.)	2	tte. WHERE	DID INJURY OC	CUR? (Ci	ly of lown)	(Co	ounty)	(Slate
•	URY (Month) (Day		Hour) 21e, II While	NJURY OCCUR	RRED while	21f. HOW D	DID INJURY OC	CUR?				
			M. el worl	k ∐ atw	rork L							
22. I hereb	y certify that X	attended	the decease	ed fromQ!	ctober	4., 19.5.	5, to .Qc	tobe	c24 19.55	, <b>366</b> E	<b>PARTICIPATION</b>	er do
XXXXXXX	20000000000000000000000000000000000000		QQQ(and t	hat death o	occurred at	2:50P	M, from the	e causes	and on the	date sta	ited above	e.
	110	rince	US 11116	2).							7.0	
Francis	Dickey			edical.	EMETERY OR	VA VA	H, FORT	HOW	ARD MAS	YLAN	) 10	)-25-9
		JAIL INCKEU	/ "	HAME OF C	PHILIEK! OK	CKEMATOKI						(3
REMOVAL (S	(PECIFY)	9				Cen	netery	B	al time	363		
REMOVAL (S Burial 24. REC'D BY RE	PECIFY)	10-28.	-55		ed Hear	Cen	netery Mark Eral director	Ba	altimore	, Md.	ADDRESS	

Baltimore, Md.

TO ATTENDING PHYSICIAN OR HESPITAL: The Liw require that the death certificate be executed within the bottom cony may he ratained by the humpital or standing physician. MSTAUCTIONS

hours after death.



naryland

U9498 TATE DEPARTMETT OF HEALTI

9505

## CERTIFICATE OF DEATH

g. Dist. No. 30

I. PLACE OF DEAT	H·		2. USUAL RESIDENCE (	HOME) OF DECEASED	) -
COUNTY	BALTO.	MARYLAND	STATE MD.	C	COUNTY DA 270.
CITY (If outside c	orporate limits, write RUR.	AL and   LENGTH OF STAY		ate limits, write RURAL	and give nearest town)
TOWN give nearest	CATONSVILLE	(in this place)	TOWN CAT.	N5V1266	5 %
HOSPITAL OR INSTITUTION OF STREET ADDRE	R CAY SUM		STREET ADDRESS	(If rural, give loca	f
3. NAME OF	(First)	(Middle)	(Last)	1.4. DATE (Mon	
DECEASED (Type or Print)	MARY	LOUISE	MILLER	OF .	1979
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED WIDOWED, DIVORGED, (Specify)	Movel 3, 1983	9. AGE last birthday   1	If under. I year III under 24 hrs. Months. Days Hours Min.
done during most of	ATION (Give kind of work working life, even if retired)	10b. KIND OF BURINESS OF	11. BIRTHPLACE (State of		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN	NAME	
,	RICHARD	OETERS	Louis	E O'IGEKE	
	VER IN U.S. ARMED FORCES (If year, give war or dates of service)	of 16. SOCIAL SECURITY NO.	17. INFORMANT AND Harry & Mille		muit our.
			1	-0	1.
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH	BTIFICATION		INTERVAL BETWEEN ONSET AND DEATE
422.1 Immediate	e cause (a)	Myocardia	il Jack	LIFE	5days
Anteceder	nt cause(s)		/		
giving rise t	conditions, if any, (b) the above cause underlying cause last	ARCVD			1 in November
Conditions contrib	ICANT CONDITIONS uting to the death but not use or condition causing deat	th.		A	The state of the s
		FINDINGS OF OPERATION			20. AUTOPSY1
					Yes 🗌 No 😭
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJI	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	rown) (CO	OUNTY) (STATE)
	(Day) (Year) (liour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CURI	
			a land	c .cc	
22. I hereby cert	10	ne deceased from Z	2450		I last saw the deceased
alive on O	(5, 19.≥a, ar	nd that death occurred at	ADDRESS	causes and on the	date stated above.  DATE SIGNED
SIGNATURE	1 00 11	who which Ido	- LATE	8 21/4 V	12 10-17-58
23 BURIAL, CREM REMOVAL (Spo	ATION DATE	NAME OF CIMETE	RY OR CREMATORY	LOCATION (City, town.	or county) (State)
DATE REC'D BY	LOCAL   REGISTRAR'S	SKNATURE	24. FUNERAL DIRECTO	)R	ADDRESS
	1、サーフトで	W	417	DKL B-+	



(Year)

Interval Between

Onset And Death

20. AUTOPSY ?

Yen I No I

COUNTRY?

W E



# 1466

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9547 CEPTIFICATE OF DEATH

3014 CERTIFICAT	E OF DEATH Reg. Dist	. No. 50
1 PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASES	D:
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY	
	CITY(If outside corporate limits, write RURAL a	nd give nearest town)
CITY (If outside corporate limits, write RURAL CENGTH OF STAY (in this place) TOWN Catonsville  Smos.18day	s TOWN Baltimore	
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	
/4street Address Spring Grove State Hospital	514 Cathedral Street	/
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) ()	Day) (Year)
DECEASED: (Type or Print) Anna V. Mit	tchell October	14, 1955
5. SEX: ,6. COLOR OR  7. SINGLE, MARRIED.   8. DATE	OF BIRTH:  9. AGE last birthday   15 UNOER 1 V	
	L=1090   59 vrs.	ays Hours Min.
IOA USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): Housewife	11. BIRTHPLACE (State or foreign country): 12.  Maryland	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
John Taylor	Isadore Marmsduke	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   10. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service) Unknown	Records Spring Grove State Hosp	ital
18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
/53X	lized carcinomatosis	3 months
ANTECEDENT CAUSE (8)		
DISEASES OR CONDITIONS, IF ANY. (B) Adenoce	ercinona descending colon	?
STATING UNDERLYING CAUSE LAST. DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH,		_
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	N .	20. AUTOPSY?
		YES NO
21A ACCIDENT WAS UNDERLYING   CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg.		(State)
21p. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	D   21F. HOW DID INJURY OCCUR?	
OF INJURY While M. While at work Mat work	)	
22. I hereby certify that I attended the deceased from 4-26	, 1955 to 10-14-, 1955, that I last	saw the deceased
	t4:35P M, from the causes and on the date	stated above.
Spella Wachester	Spring To ve State Hospital A.D. Catonsville 28, Maryland	0_71:_55
23 BURIAL CREMATION DATE THEREOF NAME OF CEMET	Tenef and Location (City, town, or	county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

VS. A15-10-53

Smpply svery item of information cerefully.

correct age is especially important. Physicians: pleass write the casses of death clearly and lagibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

MARGIN RESERVED FOR BINDING

SOUTH TANK

, and that death occurred at 10

(Degree or title)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

WRIT 1 W

REMOVAL (Specify) Oct.19/55 DATE REC'D BY LOGAL REGISTRAR'S SIGNATURE REGISTRAR

BURIAL, CREMATION.

Oak Lawn Cem. Balto. Md. 24 SUNERAL DIRECTOR 2024 Orleans St.31

ADDRESS

5 A.M. from the causes and on the date stated above.

LOCATION (City, town, or county)

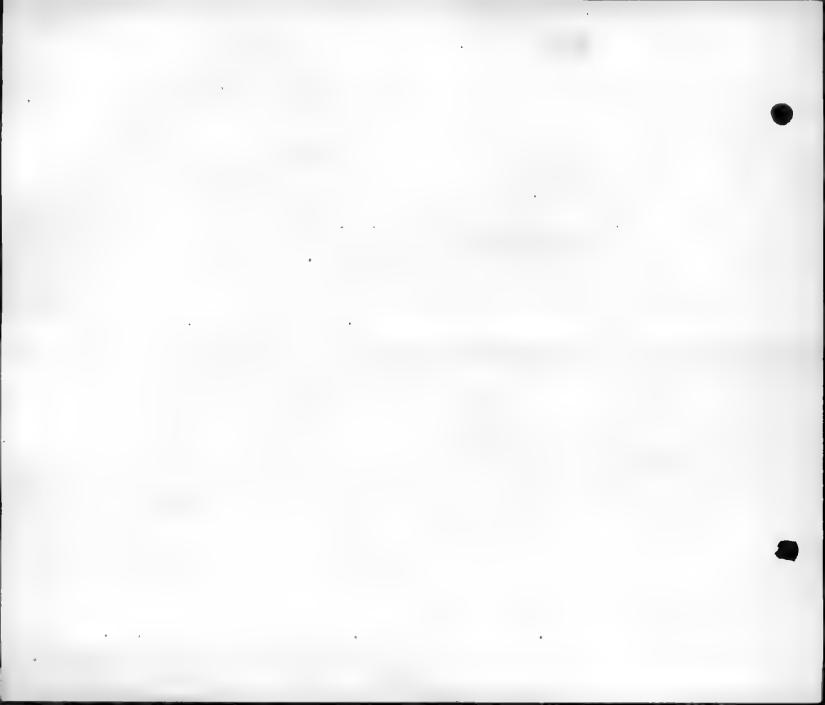
DATE SIGNED

10-17-55

ADDRESS

**4**C

E



DATE THEREOF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1950)

SE

⋖ PLE, SIGNATUR

REGISTRAR

23. BURIAL, CREMATION.

REMOVAL (SPECIFY)

DATE RECYD BY LOCAL

Burnal

20. AUTOPSY1 21c. WHERE DID (City or town) (County) (State) 1950, to Oct 77, 1955, that I last saw the deceased M, from the causes and on the date stated above. DATE SIGNED NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Balto. Cem. AFUNERAL DIRECTOR

Reg. Dist. No.

(Day)

Days

Months |

(Year)

IF UNDER 24 HRE.

INTERVAL BETWEEN

ONSET AND DEATH

Hours 1

COUNTRY?

95 19		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY BALTIMORE MARYLAND	STATE MD. COUNTY BAL	TIMORE
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY   OR and give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL an	
TOWN ESSEX	TOWN ESSEX	54
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location	1
STREET ADDRESS 307 MARGARET	307 MARGARE	I Aye.
8. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Da	y) (Year)
(Type or Print) GRACE	705ES DEATH: 10-13	19.5.5
6. COLOR OR RACE: 7. SINGLE, MARRIED, WIDOWED, DIVORCED, Specify:		Days Hours Min.
10a. USUAL OCCUPATION (Give kind of 10b. AND OF BUSINESS OF work done during most of working life, even if retired)	R II. BIRTHPLACE (State or forcign country):	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Unknow	Jinknown	
	INFORMANT & ADDRESS:	
(Yes, 30, or unk.) (If Yes, give war or dates of service)	Helfari Lyourd	
18. MEDICAL O	CERTIFICATION	INTERVAL BETWEEN
L DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	0 0	ONSET AND DEATH
Immediate cause (a) Dozouwy	occusion 1	Sudden
DUE TO	al a a letter	
Antecedent cause(s) Diseases or conditions, if any,	Ed Cardio-Voscular "20	- longe
giving rise to the above cause DUE TO stating underlying cause last		20
(e) II. OTHER SIGNIFICANT CONDITIONS:		
Conditions contributing to the death but not related to the disease or condition causing death.		(
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:		20. AUTOPSY?
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No No (STATE)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITT OR TOWN) (COCKITY)	(DIMIN)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not while INJURY M. work at work		
22. I hereby certify that I attended the deceased from.	1. 19.6.3, to O.4.1.3., 19.5.5, that I last	saw the deceased
alive on	8. Pm., from the causes and on the dat	e stated above.
SRATURE (DEGREE OR WITL	E) ADSRESS MILL	DATE SIGNED
25. BURIAL, CREMATION DATE THEREOF NAME, OF CRMETE	RY OR CREMATORY LOGATION (City, town, or	county) (State)
REMOVAL (Sweetly) //   af   1 . A	eints Dinner) Lel	1516
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
REG. W. M.C.	totan The America	u rear ye

2 .V U! . . . .

1000

BALL

### **CERTIFICATE OF DEATH**

Reg. Dist. No.....

7 INSTITUTION OR STREET ADDRESS 7803 Wilson Avenue ADDRESS 7803 Wilson STREET ADDRESS 7803 Wilson Avenue ADDRESS 7803 WILSON AVEN	Avenue #14  (Month) (Day) (Year) Cotober 16 185  birthday   If under. 1 year   If under 24 hrs yrs.   12. Cirizzen or What try)   12. Cirizzen or What
HOSPITAL OR STREET ADDRESS 7803 Wilson Avenue STREET ADDRESS 7803 Wilson STREET ADDRESS 7803 Wilson Wilson STREET ADDRESS 7803 Wilson Wilson STREET ADDRESS 7803 Wilson Wilson Mr. Thomas H. Nail (Last) 4. DATE OF DECHASED (Type or Print) Mr. Thomas H. Nail DECHASED (Type or Print) Mr. Thomas H. Nail DECHASED (Specify) Married DIVORCED. June 6, 1898 57 10a. USUAL OCCUPATION (Give kind of work Modern Married) Mr. John Wall Springridge, Mississi 13. FATHER'S NAME Mr. John Nail Rhoda?  15. WAS DECHASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If year, give war or dates of CAS, No. or unknown) (If year, give war or dates of CAS,	Avenue #14  (Month) (Day) (Year) October 16 1855  orthday If under 1 year If under 24 hrs. Months. Days Hours Min.  try) 12. CITIZEN OF WHAT
Thomas H. Nail  OF DECEASED (Type of Print)  Thomas H. Nail  OF DEATH	October 16  irthday   If under 1 year   If under 24 hrs.   Months.   Days   Hours   Min.    try)   12. CITIZEN OF WHAT
male White WIDOWED DIVERCED. June 6, 1898 57  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or II. BIRTHPLACE (State or foreign count Springridge, Mississi)  13. FATHER'S NAME  Mr. John Nail  15. Was Deceased Ever in U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If year, give war or dates of 225 02 83).0	yrs.   Months. Days   Hours   Min.
done during most of working life, even if retired)  INDUSTRY  Springridge, Mississi  13. FATHER'S NAME  Mr. John Nail  15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No.  (Yes, no, or unknown) (If year, give war or dates of 22 5 02 83).0  Mrs. Mary Helen Nail	COUNTRY?
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. 17. INFORMANT AND ADDRESS (Yes, no. or unknown) (If year, give war or dates of 27 C 2 82).0 Mrs. Mary Helen Nail	
	7803 Wilson Ave #14
18. MEDICAL CERTIFICATION  14.20.C  Immediate cause  Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  Conditions contributing to the death but not related to the disease or condition causing death.	INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Yes No P
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUIGIDE HOMICIDE INJURY (CITY OR TOWN)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work I	(COUNTY) (STATE)
22. I hereby certify that I attended the deceased from Jaw 5, 1950, to Oct 16, 1950, alive on Oct 16, 1955, and that death occurred at 1, 20 R.m., from the causes and	that I last saw the deceased on the date stated above.  DATE SIGNED



be executed within

The law require that the death certificate

MSTRUCTION

CLUB

9511

### CERTIFICATE OF DEATH

45 Reg. Dist. No. ....

1. PLACE OF DEATH BALTIMORE		2. USUAL RESIDENCE			
COUNTY	MARYLAND	STATE MARYLAND	COUNTY	BALTIMORE	l .
CITY (If culsida corporete limits, write RURAL OR end giva seerast town)	LENGTH OF STAY	CITY (If outside corpora	te limits, write RURAL e	nd give neerest tow	n)
LIZIOWN LIDDLE RIVER	(in this piece)  6 YRS.	OR TOWN WITDHILE	RIVER		
HOSPITAL OR	1 0 11/20-	STREET	(If rural giv	e (ocetion)	- 4
INSTITUTION OR  STREET ADDRESS 1600 SHORE RD.		ADDRESS 1.600	SHORE RD.	·	
3. NAME OF (first)	(Middla)	(Lest)	4. DATE (Mon	th) (Dev)	Yaar)
(Type of Print) ANTHONY JOSEPH N	ARESKY	,	OF DEATH OC		19 55
S. SEX 6. COLOR OR 7. SINGLE, MAR RACE WIDOWED, D	RIED, 8. DATE C	OF BIRTH 9.	AGE lest buthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.
MALE WHITE (Specify) MA	RRIED JUN	E 12,1899	56 yrs.	Months Duys	Hours Min.
done during most of working life, even If	ND OF BUSINESS R INDUSTRY	11. BIRTHPLACE (Stata or foreign	country)		EN OF WHAT
	CRAFT MEG.	BALTO, MARYLA		U.	S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME		
ANTHONY NARESKY		XXXXXXXX KONS	TANCE KUAC	HAUAS	
1	6. SOCIAL SECURITY NO.	17. INFORMANT & AD	DRESS		
(Yes, no, or unk.) (If Yas, give war or detes of service)	218-09-9881	ZELMA NARES	KY		
E DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Branche	oserie Ca	Lerona	ON	ERVAL BETWEEN
ANTECEDENT CAUSE(S) DUE TO		0	W. lu		1/10.00 16
DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO				7-1-	Unioney
II OTHER SIGNEFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
196. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION			YE	O. AUTOPSY?
21a ACCIDENT WAS UNDERLYING 21b. PLACE (Hor OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ne, farm, fectory, office bldg., etc.)	tic. WHERE DID INJURY OCCUR?	(City or town)	(County)	(Steta)
W	ila Not while work et work	211. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the dece	eased from	1, 19 55, to LOC	1. 1. 3. 1957	, that I fast sa	w the deceased
alive on	d that death occurred at	# 4.M. from the ca	uses and on the d	late stated abo	ve.
SIGNATURE C. L. Kolodi	u, Wella	1877 Charles	ESS (Street) city, low	n, statal Ball	DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR		LOCATION (City, town	, or county)	(Stels)
BURLAL OCT. 31, 19	55 SACRED HEA	RT OF JESUS	BALTO. CO.	MD.	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR	E	25. FUNERAL DIRECTOR'S	GNATURE	ADDRES	Seo A
10/28/55 Coint.	N 1.	James 4/3	under	1 11/1/1	FALLERIA



MARGIN RESERVED FOR BINDING

VS. A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

9512

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

09506

	Leg Reg	J. Dist. No
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEA	SED.
126/40 Co MARYLAND	M/d 130/+	0 00
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place) TOWN	CITY (If outside corporate limits, write RUI	RAL and give nearest town)
HOSPITAL OR	STREET (If rural, give	33
INSTITUTION OR STREET ADDRESS 6/7 De hauch Ave	STREET (If rural, give	location)
3, NAME OF (First) (Middle)	(Last) 3 4. DATE ()	Month) (Dey) (Year)
(Type or Print) Jezusha	OF DEATH	6 /
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH   9. AGE last hirthda	
Temale White (Specify) Married	Fab3-1874 81 yrs	Months Days Hours Min.
done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WEAT
13. FATHER'S NAME	114. MOTHER'S MAIDEN NAME	usa
Christophen Corcorax	Cunthia Fundi	/ =
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. IXFORMANT AND ADDRESS	
(Yea, no, or unknown) (IVyes, give war or dates of No No	Mrs Maria Hoston	617. Debouch De
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONEET AND DEATE
1 immediate cause (a) Orteriosceno	tic Hart Fisease	3 11000
0 0-		- geare
Antecedent cause(s) Diseases or conditions, if any, (b), Leveralizated	artomosclerosia	1 7
giving rise to the above cause stating the underlying cause lest		PERSONAL PROPERTY AND A PROPERTY OF MANAGEMENT AND ADDRESS.
(a) Au hostrobly	of Henry	Bungan
14. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	Car of Dags	100
related to the disease or condition ceueing death.	chiles & Ashuna	20 years
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AU DPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	: (CITY OR TOWN)	(COUNTY) (STATE)
SUICIDE OF office bidg., etc.) HOMICIDE INJURY	(CITT ON TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY  m.   While at   Not While   Work   At work		
22. I hereby certify that I attended the deceased from 6 - 7-	, 1954, to 10-16-, 1955, tha	t T last asset the last
alive on	22 P.m., from the causes and on the	ne date stated above.
SIGNATURE LA SUVI A 19 9 7	ANNAUGO	DATE SIGNED
marker (m. D.		10-12-55
DEMOVAL (Specific)	RY OR CREMATORY LOCATION (City, to	wn, or county) (State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	Dalto Md
REG. The Hearing	0 0 1	.741/28= PA

Dural

in Livery Las St.



AINLY, WITH UNFADING INK. Supply every item of information carefully. The

OR WRITEPPL

PLEASE TYPE

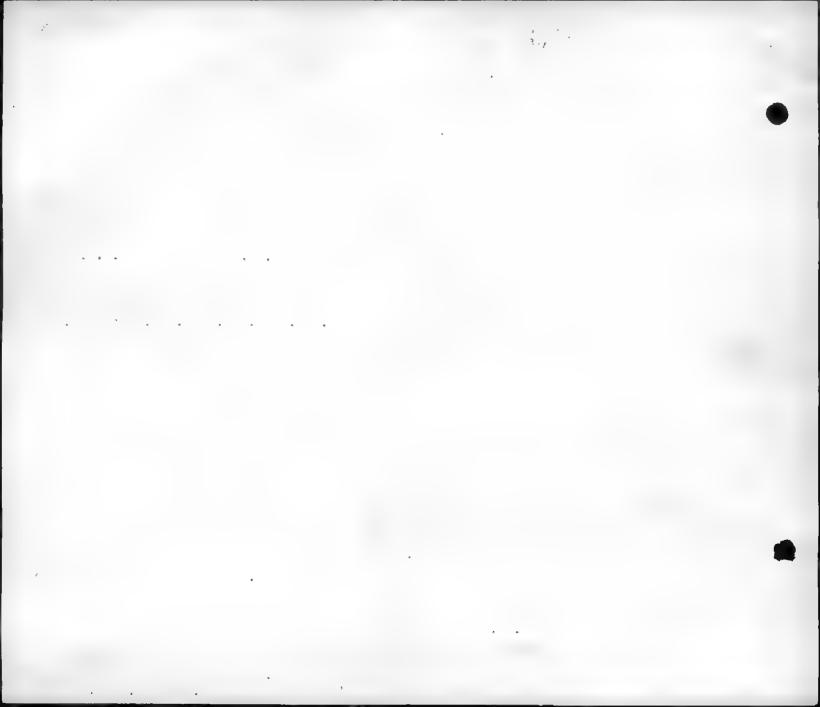
A15 - 10 - 53

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

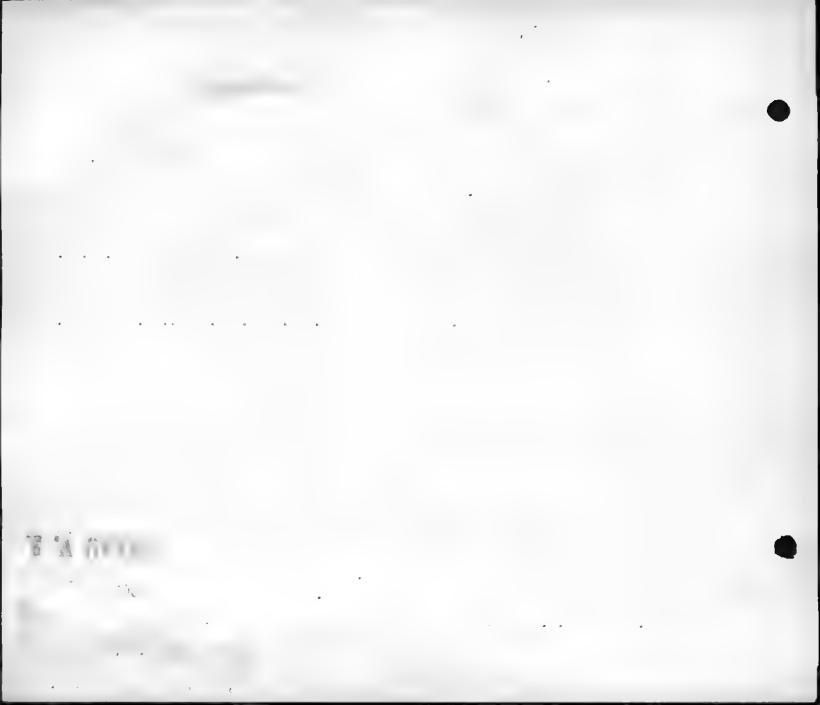
CERTIFICA	TITLE	DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	): /
COUNTY BATTEOPE MARYLAND	STATE MARYLAND COUNTY	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY on and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL at	nd give nearest town)
X TOWN FORT HOWALD 123 days	TOWN BALTIMORE	31014
HOSPITAL OR	STREET (If rural give location)	
ASTREET ADDRESS TETANS ADDITION HOSPITAT	LIL LAURENS STREET	
3. NAME OF (First) (Middle) (	OF	Day) (Year)
(Type or Print) RICHARD (NMT) NI	CHCLS DEATH: OCTOBER	
5. SEX: 6. COLOR OR 7. SINGLE, MARRIÉD. 8. DATE WIDOWED, DIVORCED. (Specify): TETD	OF BIRTH: 9. AGE last birthday 17 UNDER I Y Months D.	ays Hours Min.
IOA USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS	Pi. BIRTHPLACE (State or foreign country):  12,	CITIZEN OF WHAT
work done during most of working life, even if retired; C. T. Dryclock		S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	0.41.
ABRAHAM MICHOLS	SARA BOLDEN	
15. WAS DECKASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yes, no, or unk.) (If Yes, give war or dates of service) WII 218-10-1128	Clin. Rec., Vet. Adm. Hosp., Ft. Howa	rd.Md.
18. MEDICAL CERTIFICATI	ION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAOSE	OF BLADDER	28 MONTHS
ANTECEDENT CAUSE (5)		
DISEASES OR CONDITIONS, IF ANY, (B)		
STATING UNDERLYING CAUSE LAST.		
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
194. DATE OF OPERATION:		YES NO
21A ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory, 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	y) (State)
Property of the Property of th	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that/T attended the deceased from June 1	1 1955 , to Oct 15. , 1955 , thetaldast	saw the deceased
palive processes and that death occurred at		
SIGNATURY / 20 11 11	ADDRESS DAT	E SIGNED
	. D. VAH, FORT HOWATD, MATYLAND	10-16-55
BEHOVAL (CONCLEY)	ERY OR CREMATORY LOCATION (City, town, or	county) (State)
		LAND
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	CHARLES L. LAT LOTTUATY	ADDRESS
March 2 Colored March Colored	Soc of Manager Line Dange	3 977



S.E. WASHINGTON D. C.



()9510 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

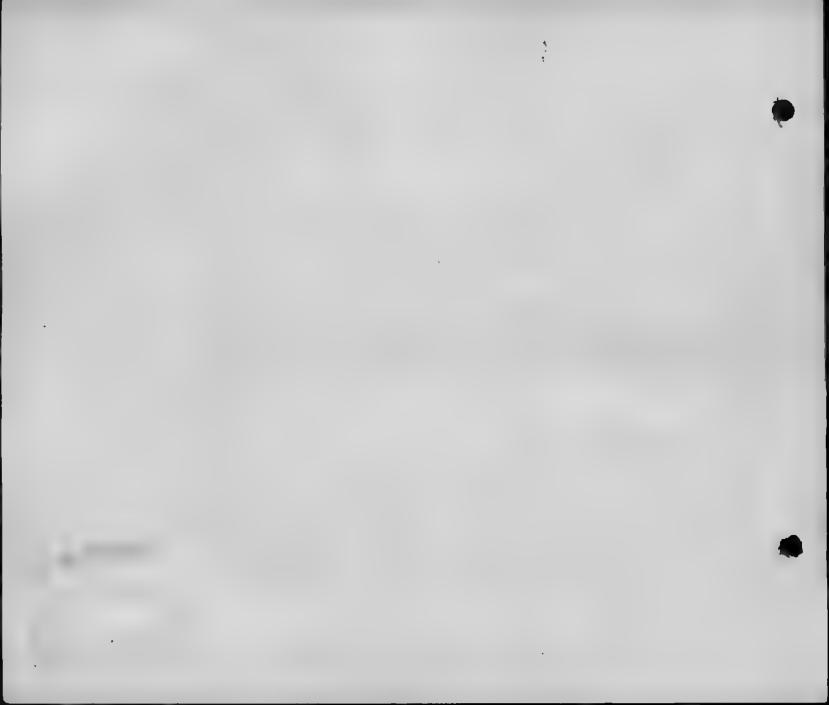
MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 3.

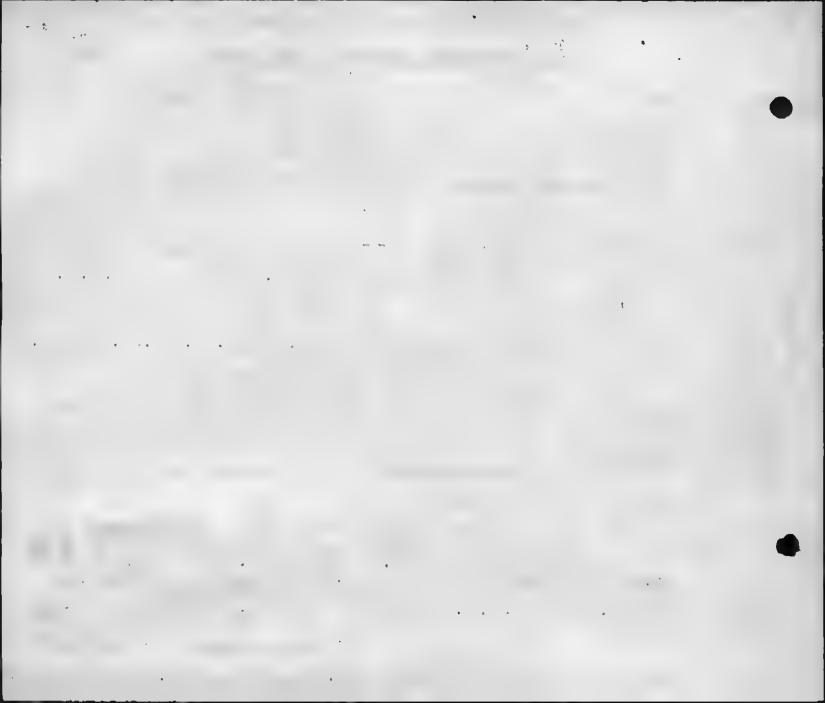
6	MEDICAL BARRENER 5 CER	THICHTH OF DEATH No. 22
19 c	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
E A	county Baltimore Maryland	STATE Ld. COUNTY Baltimore
carefully. The and legibly.	CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN Reisterstown LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Reisterstown
	HOSPITAL OR INSTITUTION OR Old Hanover Road	STREET (If rural, give location) ADDRESS Old Hanover Road
of information f death clearly	S. NAME OF (First) (Middle) DECEASED: (Type or Print) Thomas Norris	(Last) 4. DATE (Month) (Day) (Year) OF DEATH OCT 19,1955 19
f infordeath	RACE: WIDOWED, DIVORCED,	E OF BIRTH: 9. AGE last birthday: DF UNDER 1 YEAR   IF UNDER 24 HRS. 26, 1875 80 yrs   Months   Days   Hours   Min.
g 0	work done during most of work life, INDUSTRY: Reven fortired inloved of Balto.Co.Roads	England (State or foreign country): 12. CITIZEN OF WHAT
it it	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
every iter ne causes	Thomas Norris	Jane Rickson
y ever	15. Was Deceased Ever In U.S. Armed Forces (1) 16. Social Security No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:
Supply write th	1. O service)	Margaret U.Morris, Reisterstown, Md.
in it	18. MEDIC	AL CERTIFICATION
UNFADING INK. S Physicians: please v	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Immediate cause  (a) Fractured	Eland (base) Interval Between Onset and Death Elavores.
S :	Antecedent cause(s)	
DII	Diseases or conditions, If any, (b)	11 107 200 × 7 4 40000 00 × 1000 × 1000
FA	stating underlying cause last	
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	re,
an	19a. DATE OF OPERATION:   19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
Wort	none none	Yes 🗆 No 🔀
WRITE PLAINLY, WITH	21s. EXTERNAL CAUSE WAS PRIMARY FOOR CONTRIBUTING OF Street, office bldg., etc. INJURY  The street of the bldg., etc. INJURY  The street of the bldg., etc.	
PLAI) ecially	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY OCCURRED While at work [	Fell from ladder while painting
E Q		bed above, held an Autopsy 🗖 , Inspection 🗷 , Inquiry 🖾 , and
TE S	find that death resulted from: Natural causes [7], Acciding Signature	dent ☑, Suicide □, Homicide □, Undetermined cause □.  CHIEF MEDICAL EXAMINER □ DATE SIGNED
V.R.	2.D. Eaplie	CHIEF MEDICAL EXAMINER DATE SIGNED M. D. ASSISTANT MEDICAL EXAMINER
		RY OR CREMATORY   LOCATION (City, town, or county) (State)
ES	REMOVAL (Specify): Oct.21/55 NewCathedr	
PLEA	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
II.	10-21-55 Hay 13. 21 me	J.F. Eline & Sons, Reisterstown, Md.

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

correct





ιż

0 国 成

0

SE

PLE,

correct ΧI

MARGIN RESERVED FOR BINDING

ONSET AND DEATH Mymonary Tuberculosis 20. AUTOPSY1 (County) (State) 22. I hereby certify that I attended the deceased from Sertify, 19 55 to act. 2919 53 that I last saw the deceased , and that death occurred at 9:20 AM, from the causes and on the date stated above. alive on Coc ADDRESS SIGNATURE DATE SIGNED BURIAL. CREMATION. THEREOF NAME-OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (SPECIFY) BY LOCAL ADDRESS

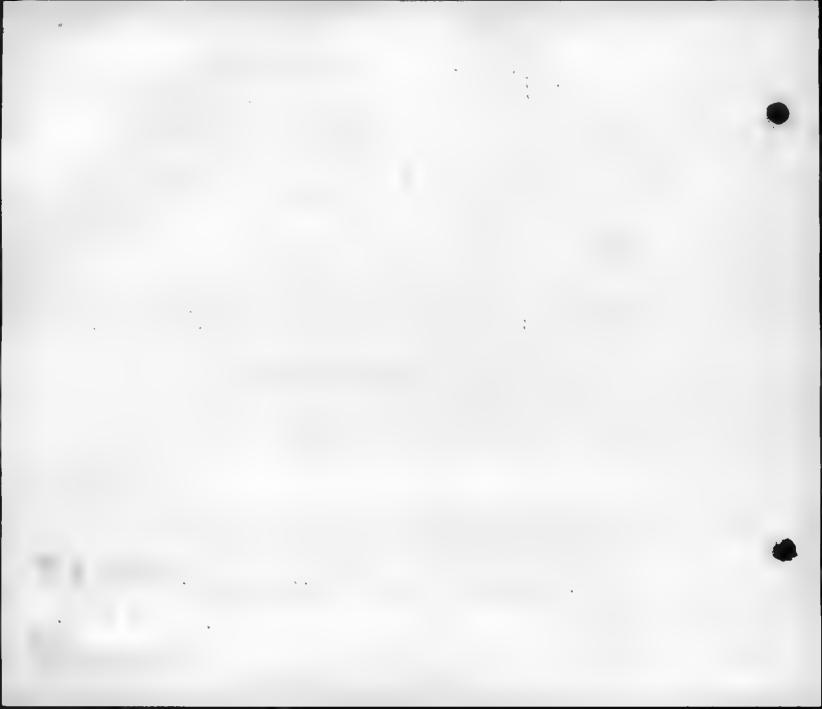
(Day)

Days

COUNTRY?

(Year)

INTERVAL BETWEEN



4 hours after death.

# **NSTRUCTIONS**

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09513

### 9518 CERTIFICATE OF DEATH

Reg. Dist. No.....

	I. OBOAL KESIDE	NCE (HOME) OF D		1
county Baltimore Maryland	STATE Maryla	nd county		
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (II outside corp	orate limits, write RURAL a	ind give nearest town)	
OR and give nearest lown) (in this place)	TOWN Baltim	2220	21	101.4
X TOWN Fort Howard   114 Hours	STREET		ve location)	01.4
INSTITUTION OR	ADDRESS	(At rure) gr	As tocation)	
INSTITUTION OR STREET ADDRESS eterans Administration Hospital	1321 W	est Baltimor		V
3. NAME OF (First) (Middle) DECEASED	(Last)	4. DATE (Mo	nth) (Dey)	(Yeer)
	KER	DEATH OF	ctober 25	19 55
S. SEX   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE	OF BIRTH	9. AGE lest birthdey	IF UNDER I YEAR	IF UNDER 24 HR
Male White Specify Married 11/	/8/17	37 yrs.	Months Deys	Hours Min.
0e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or for	rign country)		N OF WHAT
done during most of working life, even if retired OR INDUSTRY	Mobile, Alab	omo	U.S.	A .
3. FATHER'S NAME	1 14. MOTHER'S MAIDEN		1 0 8 20 8	23.0
Anthony Parker	Elizabeth	· · · · · ·		
S. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT &			
Yes, no, or unk.) (If Yes, give wer or detes of service)	II. INFORMANI &	VDDK123		
Yes Korean 21/1-05-32/1	Clin-Rec.	Vet. Adm. Hos	D.Ft. Lowe	rd Nd
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION		ON	RVAL BETWEEN
524 X IMMEDIATE CAUSE (A) PULMONARY EMPHYS	EMA. CHRONIC		UN	KNOWN
THE TO PROMUTE OF ACTO			TIN	KNOWN
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, (B)	CITTONIA		014	VIVOMIA
GIVING RISE TO THE ABOVE CAUSE				
STATING UNDERLYING CAUSE LAST. DUE TO				
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE COR PULMONALE.			UN	KNOWN
Po. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION			20	O. AUTOPSY ?_
			YES	
				□ NO [V]
	21c. WHERE DID INJURY OCC	JR? (City or town)	(County)	(Stata)
R CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bldg., etc.)	21c. WHERE DID INJURY OCC	JR? (City or town)	(County)	
R CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.)  FEITHER, NOTIFY MEDICAL EXAMINER)  1d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED	21c. WHERE DID INJURY OCC		(County)	
PRICONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) FEITHER, NOTIFY MEDICAL EXAMINER)			(County)	
R CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)  IF EITHER, NOTIFY MEDICAL EXAMINER)  Id. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED While Not while et work et work	21. HOW DID INJURY OCC	JR?	431	(Stata)
R CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.)  FEITHER, NOTIFY MEDICAL EXAMINER)  Id. TIME OF INJURY (Month) (Day) (Year) (Hour) While at work ☐ Not white at work ☐ Not white ☐ Not work ☐ Not white ☐ Not work ☐ Not white ☐ Not work ☐	21f. HOW DID INJURY OCCU	8.00 ber. 25, 19.55	AAA rhattalastases	(State)
PR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)  If EITHER, NOTIFY MEDICAL EXAMINER)  Id. TIME OF INJURY (Month) (Day) (Year) (Hour) While of work of wor	21f. HOW DID INJURY OCCU 21f. 1995, toOcto at8:00AM, from the	0.000 0.000	AN Hatchisett	(State)
PR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)  IF EITHER, NOTIFY MEDICAL EXAMINER)  Id. TIME OF INJURY (Month) (Day) (Year) (Hour) While of work of wor	21f. HOW DID INJURY OCCU 21f. 1995, toOcto at8:00AM, from the	8.00 ber. 25, 19.55	AN Hatchisett	(State)
DR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)  If EITHER, NOTIFY MEDICAL EXAMINER)  Id. TIME OF INJURY (Month) (Day) (Year) (Hour)  M. While of work of	1 21f. HOW DID INJURY OCCU 1 21f. 1995, 100ct. at8:00AM, from the	bber 25, 19. 55 causes and on the likess (Street, city, tow	And the property of the proper	(State)
PR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bidg., etc.)  IF EITHER, NOTIFY MEDICAL EXAMINER)  IT. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21a. INJURY OCCURRED While of work o	1 21f. HOW DID INJURY OCCU 1 21f. 1995, 100ct. at8:00AM, from the	0.000 0.000	And the property of the proper	(State)
PR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bidg., etc.)  IF EITHER, NOTIFY MEDICAL EXAMINER)  IT. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED While Not while et work work to the work of the	i 21f. HOW DID INJURY OCCU i 20, 1995, toOcto at8:00AM, from the ADE	Dber 25, 19 55 causes and on the RESS (Street, city, tow	date stated abov	(State)
OF CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bidg., etc.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)  (III. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED While of work of twork of two	i 21f. HOW DID INJURY OCCU i 20, 1995, toOcto at8:00AM, from the ADE	Dber 25, 19 55 causes and on the RESS (Street, city, tow	date stated abov	(State)  (State)  (State)
OF CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bidg., etc.)  [IF EITHER, NOTIFY MEDICAL EXAMINER]  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED While of work	1 21f. HOW DID INJURY OCCU 1 21f. 1995, 100ct. at8:00AM, from the	bber 25, 19.55 causes and on the likess (Street, city, tow  HOWARD MARY Baltimon	date stated abov	(State)



COUNTY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)  OTHY (if outside corporate limits, write RURAL LENGTH OF STAY (in this place)  OTHY (if outside corporate limits, write RURAL and give r. OTHY (in this place)  OTHY (if outside corporate limits, write RURAL and give r. OTHY (in this place)  OTHY (if outside corporate limits, write RURAL and give r. OTHY (if outs	1. PLACE OF DEATH:	
COUNTY II outside corporate limits, write RURAL LENGTH OF STAY (in this place)  CITY III outside corporate limits, write RURAL LENGTH OF STAY (in this place)  TOWN RELETY  RECETY  RESPITATION OR STREET ADDRESS 1536 ROLLing Rd  2. NAME OF STREET ADDRESS 1536 ROLLing Rd  2. NAME OF PRINTIPE BLIZEDeth K. Patterson (Last)  Cry (First)  DECARD: (First)  Cry (First)  DECARD: (Moddle)  DECARD: (Month) (Day) (First)  DECARD: (Month) (Day) (First)  STREET  (If rural give location)  ADATE (Month) (Day) (First)  DECARD: (Month) (First)  DECARD: (First)  DECARD: (Month) (First)  DECARD: (First)  D		2. USUAL RESIDENCE (HOME) OF DECEASED:
OR and give nearest town)  Relay  HOSPITAL OR  Relay  HOSPITAL OR  INSTITUTION OR  Relay  Robert (First)  Deceases:  (First)  Cype or Pint)  Elizabeth K. Patterson  (Middle)  (Type or Pint)  Elizabeth K. Patterson  Cype or Pint)  Elizabeth K. Patterson  Institution of Poetars:  (Robert Cype or Pint)  Is a Date of Berth:  Is a Color or  Robert Cype or Pint)  Is a Date of Berth:  Is a Date of Berth:  Is a Age last birthday:  In Distance or Pint Color or  Indicate or Institution or	county Baltimore MARYLAND	STATE Md. COUNTY Baltimore
INSTITUTION OR STREET ADDRESS 1536 ROlling Rd  3. NAME OF DECASED: (Type or Print)	Oft and give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town OR TOWN Relay
3. NAME OF DECRASED: (First) Elizabeth K. Patterson (Decree of Control of Citype or Print) Elizabeth K. Patterson (Decree of Citype or Print) Elizabeth K. Patterson (Decree of Control of Citype or Print) Elizabeth K. Patterson (Decree of Citype of Citype of Citype of Print) Elizabeth K. Patterson (Decree of Citype	INSTITUTION OR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired/use wife   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (State or foreign country):   12. CITY work done during most of working life.   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (State or foreign country):   12. CITY work done during most of working life.   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (State or foreign country):   12. CITY work done during most of working life.   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (State or foreign country):   12. CITY work done during most of working life.   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (State or foreign country):   12. CITY work and in the life of the state of foreign country):   12. CITY work and in the life of the describe of the death but not related to the disease or condition causing death.   15. MEDICAL CERTIFICATION   15. MEDI	3. NAME OF (First) (Middle) DECEASED: Dligghoth V Detterson	(Last) 4. DATE (Month) (Day) (Year)
12. USUAL OCCUPATION (Give kind of work done during most of working life, working	female white specify 12 downer. Jan 12	5, 1861 94 Months Days Hours M
Hamilton Riall  16. Was Docased Ever In U.S. Armed Forces   16. Social Security No.:   17. Informant & address:   Helen McHale, 1538 Rolling Rd.    18. Medical Certification   Helen McHale, 1538 Rolling Rd.    19. Generalized Arteriescleresis   Unk   U	work done during most of working life ! INDUSTRY.	COUNTRY?
Helen McHale, 1538 Rolling Rd.	13. FATHER'S NAME:	Rose Kelly
In diseases or conditions directly leading to death:  (a) Generalized Arteriescleresis  Unk  Due to  Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating underlying cause last  (c)  11. Other significant conditions:  Conditions contributing to the death but not related to the disease or condition causing death.  19a. Date of operation:  21. Accident (Specify) Place (Home, farm, factory, street, office bidg., etc.)  Industry  Time (Month) (Day) (Year) (Hour) Injury occurred to two farms, from the causes and on the date state signature  22. I hereby certify that I attended the deceased from July 194. Appress  (Degree or title) Address  (Degree or title) Address	(Yes, no, or unk.) (If Yes, give war or dates of	
Conditions contributing to the death but not related to the discuss or condition causing death.  19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. A STATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. A STATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. A STATE OPERATION:	45°0.0	INTERVAL RETWI
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE (OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE HOMICIDE (Find Month) (Day) (Year) (Hour) INJURY OCCURRED (Find Month) (Day) (Year) (Hour) Not while at work 100 Month work	Antecedent cause(s) Diseases or conditions, if any. giving rise to the above cause stating underlying cause last  (c)	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.)  BUICIDE (OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not while   Not while   Not while   Not work    22. I hereby certify that I attended the deceased from July 19.49, to Oct. 19, 19.55, that I last saw the alive on Oct 17, 19.55, and that death occurred at 11:20 Am., from the causes and on the date states (DEGREE OR TITLE) ADDRESS	DUE TO  Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	
While at work Not while at work 122. I hereby certify that I attended the deceased from July 19.49, to Oct. 19, 19.55, that I last saw the alive on Oct. 17, 19.55, and that death occurred at 11:20 Am, from the causes and on the date state (DEGREE OR TITLE) ADDRESS	DUE TO  Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	20. AUTOPSY?
alive onQct17., 19.55, and that death occurred at11:20. Am., from the causes and on the date state (DEGREE OR TITLE) ADDRESS	Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.)	20. AUTOPSY7 Yes □ No.
M. D. 1 "allow Hill Ave. Baltimore, Md 10  23. BURDY, CREMATION DATE THEREOF NAME OF CEMETERY OF CREMATORY LOCATION (City, town, or county)  REMAYAL STREET: 10-22-55 Loudon Par  DATE RECOUNT TO THE REGISTRAR'S SIGNATURE HOWARD H. Hubbard, 4107 Wilken	Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	20. AUTOPSY7   Yes □ No.   (CITY OR TOWN) (COUNTY) (STATE)

3 A.

CERTIFICATE OF DEATH Reg. Dist. No..... Item 8, FilmG188 10-28-55 et I. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY MARYLAND CITY (If outside corporate limits, write RURAL and OR give nearest town) LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) TOWN TOWN HOSPITAL OR STREET If rural, give location; INSTITUTION OR ADDRESS STREET ADDRESS 3. NAME OF (First) (Middle) 4. DATE (Day) (Last) (Month) DECEASED (Type or Print) DEATH . SINGLE, MARRIED, WIDOWED, DIVORCED, 9. AGE last birthday | If under, I year | If under 24 hr COLORIOR RACE Months. | Days | Hours | Min (Specify) Bunke 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11 /BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT homemaker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. WAS DECEASED EVER IN U.S. ARMED PORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT AND ADDRESS (Yes, no, or unknown) | (If year, give war or dates of 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19s. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? (CITY OR TOWN) (COUNTY) (STATE) 21. ACCIDENT SUICIDE PLACE (Home, farm, factory, street, office bldg., etc.) HOMICIDE INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) INJURY 22. I hereby certify that I attended the deceased from to be to be to be to be the deceased to be to b , 195. , and that death occurred at .. . Alex Am., from the causes and on the date stated above. (Degree or title) DATE SIGNED SIGNATURE LOCATION (City, town, or county) NAME OF CHMETERY OR CREMATORY 23. BURIAL, CREMATION REMOVAL Specify) WoodLawn, Md. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

MARGIN RESERVED FOR BINDING



BATTIMORE.

9520 CE	RTIFICATE	E OF DEATH Reg. Dist	t. No.
1. PLACE OF DEATH:		2 USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY BALTIMORE	MARYLAND	STATE MARYLAND COUNTY	
CITY (If outside corporate limits, write RURA)	L LENGTH OF STAY	CiTY(If outside corporate limits, write RURAL	and give nearest town)
OR and give nearest town)  X TOWN FORT HOWARD	(in this place)	OR TOWN BALTIMORE	3 V 31 - 4
HOSPITAL OR	T. J. DALLY.	STREET (If rural give location)	
STREET ADDRESS VETERANS ADMINI	במסא שרטאו נוספסד	ADDRESS	ਗਰਫ਼ਵਾ - ,
			Day) (Year)
DECEASED:		OF	
(Type or Print) <u>HONIOUS</u> 5. SEX: 6. COLOR OR   7. SINGLE, MAR	1.4.24.786.4	OF BIRTH: ,9. AGE last birthday: 17 UNDER 1	19 55
RACE: WIDOWED, D	IVORCED,	Months   1	Days   Hours   Mln.
MALE COLORED (Give kind of, 108 KI	IVORCED 7/	18/10 15 yrs. 11: BIRTHPLACE (State or foreign country). 12.	CITITEN
	R INDUSTRY:	in bining the country and the country in the	COUNTRY?
	NTRACTOR WORK		U.S.A.
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
EDD PERRY		ANNIE WILLIAMS	
15. WAR DECEASED EYER IN U.S. ARMED FORCES? 16. !  (Yes, no, or unk.) (If Yes, give war or dates	BOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
YES V of service) WW-II 21	1.16 5913	CLIN REC. VET. ADM HOSP FT. HOW	ARD, MARYLAND
	MEDICAL CERTIFICAT		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEAD	ING TO DEATH		ONSET AND DEATH
4-70-X IMMEDIATE CAUSE (A)	LOBAR PNEUMO	DITA	10 DAYS
ANTECEDENT CAUSE (6)			
DISEASES OR CONDITIONS, IF ANY, (B)			
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRI			
DISEASE OR CONDITION CAUSING DEATH	PANCREATITIS,	ACUTE SECONDATY TO ABOVE	
	DINGS OF OPERATION		20. AUTOPSY7
1			YES NO L
21A. ACCIDENT WAS UNDERLYING 21B. PLOR CONTRIBUTING CAUSE OF DEATH OF INJUST (IF EITHER, NOTIFY MEDICAL EXAMINER)	ACE (Home, farm, fact URY street, office bldg.,		ty) (State)
OF INJURY Whi	INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
		28 , 19 55 to OCT. 1 , 19 55 three TO ak	L XAVXXIKA RECEASES
THE STATE OF THE S	) / WB/-1		TE SIGNED
25 BURIAL CREMATION   DATE THEREOF		D. VAH, FORT HOWARD, MARYLAN	
REMOVAL (SPECIFY) 10/5/55		TONAL CEMETERY BALTIMORE, MA	
DATE REC'D BY LOCAL REGISTRAR'S SIG		CHARLES R. LAW FUNERAL HOME	ADDRESS

WITH UNFADING INK. MARGIN RESERVED WRITE PLAINLY, TYPE OR A15 - 10 - 53PLEASE

item of information carefully. The

Supply every

FOR BINDING

correct age is especially important. Physicians, please write the causes of death clearly and legibly.



2411 N. Charles Street, Baltimore

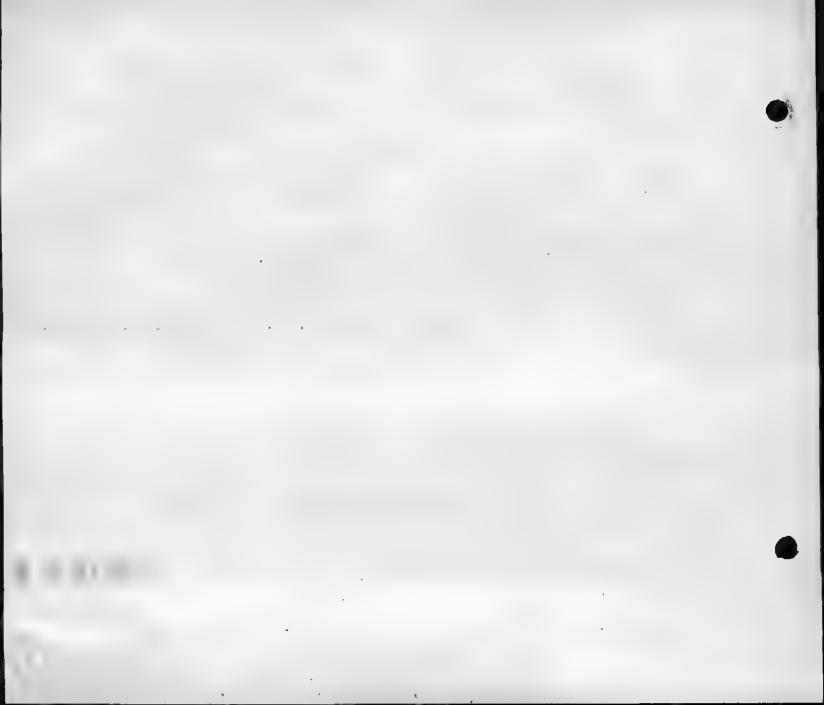
### CERTIFICATE OF DEATH

Item 9, Film 188 11-1-55 et	The state of the s
I. PLACE OF DEATH- COUNTY  MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
X OR give nearest town (in this place)	TOWN Rockdale X
HOSPITAL OR INSTITUTION OR	STREET ADDRESS 2 (If rural, time location)
OSTREET ADDRESS	1 33 33 Wille herry from
3. NAME OF DECKASED (Middle) (Middle) (Type or Print)	(Last) 4. DATE (Month) (Day) (Year)
5. SEX COLOR OR BACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH  9. AGE last birthday If under I year If under 24 hrs.  Montha Days Hours Min.
10-L USUAL OCCUPATION (Give kind of work 10b. Kind of Business on	TIP BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of vorking life, even if retired) INDOSTAT	Paraday & Country a
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
profesion	Junklugwon
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service).	17. INFORMANT AND ADDRESS 13. Charles
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	or liet much - 4 mas
Immediate cause well till to refer	
Antecedent cause(s)	
Diseases or conditions, if any, (b)	
giving rise to the above cause stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.	
198. DATE OF OPERATION   196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21-1955	Yes No b
21. ACCIDENT (Specify) SUICIDE HOMICIDE INJURY PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR!
INJURY m.   Work   At work	
6 100	1955, toller, 1955, that I last saw the deceased
alive of 1900, and that death occurred at	ADDRESS DATE SIGNED
1/2 17/11/11/11/11	11. b 50 1/2 M. V.
23. BURIAL CREMATION   DATE   NAME OF CEMETS	RY/OR CREMATORY   LOCATION (City, town, or county) (State)
REMOVAS (Specify) 16-2655 NOOSLY	lun (Dais)
DATE REC'D BY LOCAL (REGISTRAR'S SIGNATURE)	24. FUNERAL DIRECTOR
REG./0/25/55 //.// 1/0/lrick	- Brug Dyen 500 The Host the
38	10 18-HA-1-10
<i>V</i>	INTERNATION IN MARKET

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. MARGIN RESERVED FOR BINDING

VS. A15

Home Chelton ave & Sprague St.



VS. A15

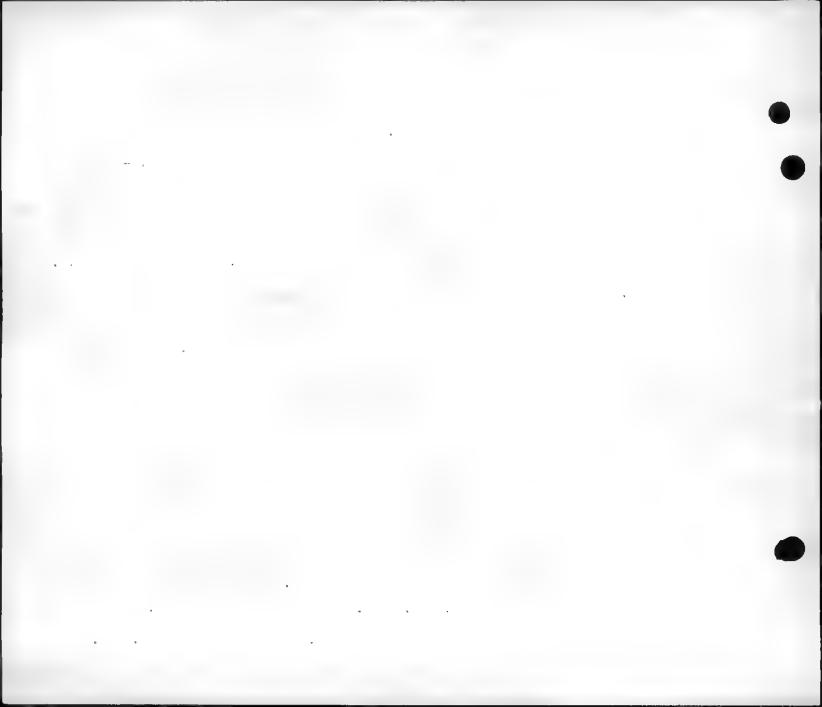
### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 00

9523

### CERTIFICATE OF DEATH

Reg. Dist. No.

	0000		. 1		
(C)	I. PLACE OF DEATH: Sheppard-Pratt Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED:			
15 P	COUNTY Baltimore MARYLAND	STATE Maryland COUN	statement of 1 flow of 1		
2010	CITY (If outside corporate limits, write RURAL LENGTH OF STAY		nd give nearest town)		
arefully. The	OR and give nearest town)  Towson  Or and give nearest town)  Towson  Or and give nearest town)  Towson	TOWN Baltimore	3 V. 1 4.		
aref	HOSPITAL OR Sheppard and Enoch Pratt	STREET (If rural give location)			
ly a	/ STREET ADDRESS Hospital	2602 Elsinore Ave 16	J.		
of informatiom carefully. The		PITTS  4. DATE (Month) (Day of DEATH: October 22	19 55		
infor death	Female White (Specify): Widowed Oct.	of Birtli: 9. AGE last birthday: If UNDER 1 Y 8/4 yrs.   Months, De	ys Hours Min.		
	10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS O work done during most of working life, INDUSTRY:	R   11 BIRTHPLACE (State or foreign country):  12.	CITIZEN OF WHAT		
em es (	even if retired): Housewife		<u>U.S.</u>		
y it	13. FATUER'S NAME:	14. MOTHER'S MAIDEN NAME:			
y nvery item	James T. Mitchell	Grace Baldwin			
	(Yes, no, or unk.) (If Yes, give war or dates of	Hospital Records			
Supply write t	No service) None		<u> </u>		
Su	1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Retween Onset And Death		
INK.	Gerebrel throm	hosis	1 month		
	Immediate cause (a) DUE TO	W C C 2 2 5	- 10,12,044		
r ls	Antecedent causes (s) Generalized an	teriosclerosis and chronic	. la		
UNFAMING Physicians: 1	Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last, DUE TO myocarditis	e a saley ar +	4 years		
FA 7sic	(c)		plus		
UNE, Physi	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		14 yr+		
1,	Conditions contributing to the death but not related to the disease or condition causing death. Senile psyclips. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	nos18	20. AUTOPSY !		
WITH	198, DATE OF OPERATION: 150. MAJOR FINDINGS OF OPERATION		Yes 🗆 No 🛣 _		
, . <u>ē</u>	21. ACCIDENT (Specify) SUICIDE OF office bldg., etc.)	et, (CITY OR TOWN) (COUNTY) (S	STATE)		
PLAINLY pecially in	TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m. Work At Work	HOW DID INJURY OCCUR?	ber and		
E S	alive on Octr21, 19.55., and that death occurred at	ADDRESS	stated above. ATE SIGNED 10/22/55		
Asst. Med. Supt. Sheppard-Pratt Hosp.					
도 도	DEMOVAT (Stanton)				
EAS	Burial 10/25/55 Green Mod	24 RAINEDAL BIRECTOR	ADDRESS		
PLE	REGISTRAR 133- 1.11/ Stadrach	1 Mm. J. Ticknes & Lous			
	The state of the s	Calt.	17. Mg		
		(Second Co	1.5		



PLEASE

0.00	520
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	Reg. Dist.
	( ).
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No
PLACE OF DEATH:	11-
COUNTY STATE THE COUNTY SAL	10.
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN  CITY (If outside corporate limits write RURAL and OR TOWN  TOWN  TOWN  CITY (If outside corporate limits write RURAL and OR TOWN)	give nearest town)
HOSPITAL OR INSTITUTION OR 3 9 9 Progress 2 9 2 Pro	-l '
8. NAME OF DECEASED: (Middle) Preserve DEATH Of BEATH Of 3.	(Year) 1955
S. SEX:  6. COLOR OR  7. SINOTE, MARRIED, 8. DATE OF BIBTII:  9. AGE last birthday: IF UNDER I YE  WINDOWSED, DIVORCED, OBT 12/187/1975. Months Day  Who will be the second of the secon	Hours Min.
	COUNTRY?
3. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: MOTHER'S MAIDEN NAME:	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. Social Security No.: 17. INFORMANT & SOURCES.	tei).
18. MEDICAL CERTIFICATION	
d. Diseases or conditions directly leading to death:	ONSET AND DRATH
Immediate cause (a)	f to any many
Antecedent cause(s)  DUE TO  Office of the second of the s	lu reti
Diseases or conditions, if any. (b)	The same of the sa
giving rise to the above cause DUE TO stating underlying cause last	m
(c)  IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes \( \subseteq \text{No} \( \subseteq \)
PRIMARY Or CONTRIBUTING OF Street, office bldg., etc., INJURY	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED While at Not while 1	

22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and Undetermined cause []. find that death resulted from: Natural causes □, Accident □, Suicide □, Homicide □, DATE SIGNED SIGNATURE

ONIGE MEDICAL PROMISER
DEPUTY MEDICAL EXAMINER
ACCISTANT MEDICAL EXAMINER M. D.

DATE THEREOF NAME OF CEMETERY OR CREMATORY 28. BURIAL, CREMATION, REMOVAL (Specify): (State) LOCATION (City, town, or county)

REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL

ADDRESS



9	ev.
BINDIN	Supply
FOR	INK.
MARGIN RESERVED FOR BINDING	PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply
ARGIN	WITH
, M	PLAINLY,
I	WRITE
	0 R
10 - 53	TYPE
vS. A15 — 10 - 53	LEASE
200	Ω.

1	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18	09521
	9525 CERTIFICATE OF DEATH Reg. Dist.	No. 37
.	1. PLACE OF DEATH:   2. USUAL RESIDENCE (HOME) OF DECEASED	
	COUNTY Balt- MONE MARYLAND STATE Ma. COUNTY Bal	to
·	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY   CITY(If outside corporate limits, write RURAL and	d give nearest town)
.	X OR and give nearest town)  TOWN Cockeys will to hite Town Cockeys will to	$\times$
.	STREET (If rural give_location)	1
	STREET ADDRESS Sherwood Road. ADDRESS Shenwood Road	
		ay) (Year)
	(Type or Print) UKUPAK Edwayd PICE DEATH: OF.	19 5 5
3	Male Color OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday IF UNDERS YE WIDOWED. DIVORCED. Que wet 5, /Ent 71 yrs. Months De	
2	10A USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS   11. BIRTHPLACE (State or foreign country). 12.	
i		COUNTRY?
	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	
3	John Price white	
	IS. WAR DECEASED EVER IN U.S. ARMED FORCES? 19. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:	California
	(Yes. no. or unk.) (If Yes. give war or dates none day 4ter: Mas. Many Hou	vard, ville
8	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
5.	J DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	IMMEDIATE CAUSE (A) Houte July on any Edrman	4 hus.
181	ANTECEDENT CAUSE (8)	
2	DISEASES OR CONDITIONS, IF ANY. (B) COM PH / MO HA/C	ise are.
ILY	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	7
7	(c) Charnia broneliectasis	• **
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES NO
SCIBILL	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) COUNTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	y) (State)
esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F, HOW DID INJURY OCCUR?  While Not while	
22	M. [ 10 10 10 10 10 10 10 10 10 10 10 10 10	17 7 7
90	22 I hereby certify that I attended the deceased from , 1950, to O. J. 1955, that I last	
ect 8	SIGNATURE	E SIGNED
COLL	BURIAL CREMATION.   DATE THEREOF   NAME OF CEMETERY OR GREMATORY   LOCATION ACITY, 19WIT. AT	county) (State)
٥	23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, 10WII). OF REMOVAL (SPECIFY)	Mr Mid
	DATE PECID BY LOCAL L REGISTRAR'S SIGNATURE 1 44. FUNERAL PIRECTOR 1	ADDRESS /
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE A4. FUNERAL DIRECTOR REGISTRAR	Harry 116

Z V U.S.

The correct age

## MARYLAND STATE DEPARTMENT OF HEALTH

# 9526

### CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

41	n	K	ŋ	ŋ.
U	J	J	4	2

	FUR MEDICAL	EXAMINERS	Reg. Dist. N	0
COUNTY Baltimore  CITY (If outside corporate limits, write RURAL as		2. USUAL RESIDENCE (I STATE Mary); CITY (If outside corpora	COUNT	oltimono
OR give nearest town) Lochearn	(in this place)	OR TOWN Lock	nearn	, No.
HOSPITAL OR NSTITUTION OR	ve.	STREET	(II rural, give location) Oak Ave.	1
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
	Lucius SINGLE, MARRIED,	Price	DEATH October	
Male White W	HOOWED, DIVORCED, (Specify)Married	August 15.180	9. AGE last hirthday If under Months	Days Hours M
10a. USUAL OCCUPATION (G ve kind of work   10b	DUSTRY	11. BIRTHPLACE (State 6	r foreign country)	2. CITIZEN OF WHA
Salesman III		Buffalo. Nother's Maiden	Vew York	U.S.A.
Frank S. Price		Louise Si		
15. Was Decrased Even In U.S. Armed Forces? (Yes, no, or unknown) (If yes, gly war or dates of Yes. WOT 0 WAT)	8. SOCIAL SECURITY NO.	17. INFORMANT AND A	DDRESS 321 72r	nd St.
	18. MEDICAL CE		S MILLOWOL CIT. NA	ewport New
L DISPASES OR CONDITIONS DIRECTLY LEA	DING TO DEATH			INTERVAL BETWEE ONSET AND DEAT
Immediate cause (a)	bstructive	Janudice		1 who
Antecedent cause s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	ause ruh	Janudice		I who
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	none.			
19a. DATE OF OPERATION   19b. MAJOR FIND	INGS OF OPERATION			20. AUTOPSYT
	one.			Yes No
PRIMARY OR CONTRIBUTING OF OR CAUSE OF DEATH. INJURY	Home, farm, factory, street, fice bldg., etc.)	(CITY OR 1	, , , , , , , , , , , , , , , , , , , ,	(STATE)
	IURY OCCURRED ile at Not while ork  at work	HOW DID INJURY OC	CUR?	
22. I certify that I took charge of the remains of openined by s vid Autopsy, Inspection or Ingfrom: natural causes X, accident j, st SIGNATURE	miru, and that said deco	used died on the dry state undetermined ADDRESS	d above, and death in my	from the evidence opinion results t
D. D. Caples med. Exo	eren In. D.	Restisator	un, and	10-7-5-5
Burial October 9		RY OR CREMATORY I	OCATION (City, town, or coun Abingdon, Vir	
REG. Of 1, 1915 Registrars sign		21 FUNERAL DIRECTO	Decerel Per	ADDRESS



9527

### CERTIFICATE OF DEATH



		·
1. PLACE OF DEATH- COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY	Balto
CITY (If outside corporate limits, write RURAL and OR give nearest town)  COUNTY (If outside corporate limits, write RURAL and In this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7407 Brightside Avenue	STREET (It rural, give location) ADDRESS 7407 Brightside Avenu	1e /
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Mr. William Jackson	Proffitt DEATH Octobe	r 10th 1955
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under.	1 year   If under 24 hrs.   Days   Hours   Min.
male white WIDOWED, DIVORCED, (Specify) married	reb. 1, 1093   OZ yes. 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY  13. FATHER'S NAME	Tye River, Virginia	CITIZEN OF WHAT
	14. MOTHER'S MAIDEN NAME	
Mr. Thomas Jackson Proffitt	Laura Litchford	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (II year, give war or dates of 231-03-9707	17. INFORMANT AND ADDRESS Mrs. Myrtle S. Proffitt, 7407 Br	ightside Av
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  HALX Immediate cause  Antecedent cause(s)	umatic Heart Disease	INTERVAL BETWEEN ONSET AND DEATH
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19s. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		
		20. AUTOPSY?
r		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(COUNTY)	20. AUTOPSY?  Yes No No (STATE)
SUICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR?	Yes No D
SUICIDE   OF office bidg., etc.)  INJURY   INJURY OCCURRED   OF Office bidg., etc.)  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at   Not While   Not While   Not Work   At work    22. I hereby certify that I attended the deceased from	HOW DID INJURY OCCUR?  1943, to 10 = 10 = 1955, that I last se ADDRESS  ADDRESS  18 COLUMN OVE BADERY OF CREMATORY LOCATION (City, town, or count)	(STATE)  (STATE)  aw the deceased ated above. DATE SIGNED
SUICIDE   OF office bldg., etc.)  INJURY   INJURY OCCURRED   OF OFFICE    OF OF OFFICE   OFFICE   OFFICE    OF OFFICE   OFFICE   OFFICE    OFFICE   OFFICE   OFFICE    While at Not While   Not While    Work   At work    alive on   OFFICE   OFFICE    OFFICE   OFFICE    OFFICE   OFFICE    INJURY   OCCURRED    While at Not While    At work    At work    SIGNATURE   OFFICE    OFFICE    OFFICE	HOW DID INJURY OCCUR?  1943, to 10 = 10 = 1955, that I last se ADDRESS  ADDRESS  18 COLUMN OVE BADERY OF CREMATORY LOCATION (City, town, or count)	(STATE)  (STATE)  aw the deceased ated above. DATE SIGNED



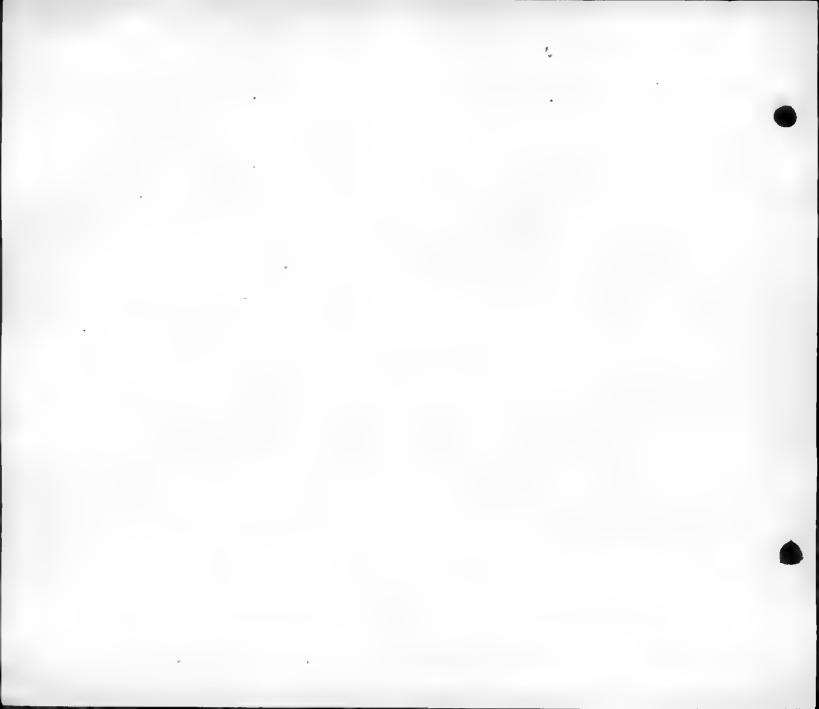
Dr. Davidou 3218 Eastern Ave. DI 2 3030

63	
10 - 53	
1	
A15	
V.S.	

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18

9528	CERTIFICATE	OF	DEATH
1016.7			The second second second second

. The	9528 CERTIFICATE	E OF DEATH Reg. Dist. No. 30
J	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
carefully.	COUNTY Balto. MARYLAND	STATE Md. COUNTY A. A.
	CITY (If outside corporate limits, write RURAL and give nearest town)  Catonsville	CITYIIf outside corporate limits, write RURAL and give nearest town) OR TOWN Gambrill O
of information ath clearly and	HOSPITAL OR INSTITUTION OR STREET ADDRESS Wayne Convalescent Home	STREET (If rural give location)  St. Stephens Rd.
m of indeath cl	3. NAME OF (First) (Middle)  DECEASED: (Type or Print) MAMIE C,	REDDIN  4. DATE (Month) (Day) (Year) OF Oct. 7, 19 55
item of de	female   6. COLOR OR   7. SINGLE MARRIED.   8 DATE   WIDOWED, DIVORCED.   1. Single Married   1. Single Ma	9. AGE last birthday   F. UNOER 1 YEAR   17 UNOER 24 HRS.   Months   Days   Hours   Min.
causes	work done during most of working life. even if retired): homemaker   108 KIND OF BUSINESS OR INDUSTRY: at home	11. BIRTHPLACE (State or foreign country): 112. CITIZEN OF WHAT COUNTRY?
Supply rite the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
	Thomas M. Green	Sarah A. Hooper
	(Yes, no, or unk.) (If Yes, give war or dates	Mrs. O. D. Howe - Glen Burnie, Md.
II ase	no of service)	
WITH UNFADING INK.	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	erelized Arterioscleras
<b></b>	(c)	
~ 65	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
- 2	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
_	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg, (if either, notify medical examiner)	
-	OF INJURY  OF While M. 21E INJURY OCCURRED  While Not while at work at work	21F. HOW DID INJURY OCCUR?
TYPE OF	REMOVAL (SPECIFY)	DATE SIGNED  SOLT S  ROS VIII 2 F L  COLT S  ROS CREMATORY   LOCATION (City, town, or county) (State)
PLEASE	Burial 10/10/55 Green Mou	Balto., Md.  24. FUNERAL PRECTOR  WM J. Maney & Speed Rallo 17 Md.





# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9394 CERTIFICATE OF DEATH

40	2	OUOT CHARLE	i Ch Editeria Reg. Dist. 110.
Lag	E F	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
-	gi di	COUNTY BALTIMORE MARYLAND	STATE MARYLANROUNTY BALTINGIZE
	2 a	CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
	non	5 OR and give nearest town) (In this place)  204 (25)	TOWN LANSPOW NE. 51
7	nat y	HOSPITAL OR	STREET (If rural give location) /
	item of information carefully of death clearly and legibly.	MINSTITUTION OR STREET ADDRESS 301 FOX RTH AVC.	301 POURTH AYE
	in a	3. NAME OF (First) (Middle) 1, 2; v No 1 (I	
	of	DECEASED: (Type or Print) [60866 P. REINHA	PROT SR. DEATH: OCK. 4 1955
	E G	5, SEX:   6, COLOR OR   7, SINGLE, MARRIED,   8, DATE   RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 14 HRE.
		MALE WHITE (Specify) MORRIGO DEC	12, K99 56 yrs. Months Days Hours Min.
	causes	IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
Z		even if retired): Postar Cuer Range as Even Ess.	NGWI VARICE COUNTRY?
		13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
BINDIN	K. Supply write the	JAPAR H REMHORDT	MARY IS STRASSER
	. "	IS. WAR DECKASED EVER IN U.S. ARMED FORCES?   18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
OR		(Yes, no, or unk.) (If Yes, give war or dates	EDITH M PUNHOSOT BALFARAMA
Ŧ		18. MEDICAL CERTIFICATION	ON INTERVAL BETWEEN
물	D dd	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
RV	ADING s: plea	42011 Acus	e. Cornegar Cleature 1 a monte
国	FA	IMMEDIATE CAUSE  (A)  DUE TO	o control of control 18 tomand
RESERVED	TH UNFA	ANTECEDENT CAUSE (S)	. Dal William Course
	H I	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	engral regulation 10 grs.
GI	<b>—</b>	STATING UNDERLYING CAUSE LAST.	auge la Parais
ARGIN	nt.	(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	, described ,
M	Y,	TO THE DEATH BUT NOT RELATED TO THE	
	N Od	DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATION	
	VRITE PLAINLY, W	Nov 1945 Belavel Sympoths	e crowy for Essential Hyperton 20. AUTOPSY?
1	F. Ha	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, facto	Pry. 21c. WHERE DID (City or town) (County) (State)
1	e [1]	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street office bldg., e	etc. INJURY OCGURI
5	WRITE	210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?
	P _	OF INJURY M. at work at work	NA APP
	ge is	22. I hereby certify that I attended the deceased from and	, 1955, to Oct 4., 19.5 That I last saw the deceased
9	600	A The Control of the	3.0
D I	TYPE rect a	alive on 1911, and that death occurred at 2	ADDRESS DATE SIGNED
3		Take vass, Mill M.	- 4001 Williams Club 10-6-55
	02 0	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county) (State)
ď	PLEA	BURING 10-7-55 BALTIMORE	NATIONAL BAUTIMORG MARYLAND
ň	PL	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS



	953	0	CERTIF	CATE	OF	DEA	TH	Reg.	Dist. No	0.	**
1. PLACE OF D	EATIL:		Photo Company	1	2. USUĀĪ	L RESIDE	NCE (HOME)	OF DECEASE	ED:		-
COUNTY	Baltimor	е	MARYL	AND	STATE	Ma	ryland		COUNTY		
CITY (If outs	ide corporate lin	nits, write	RURAL LENGTH	OF STAY	CITY		e corporate lim		0. 1. 40	ive neares	t town
Town Pan	rkville		(in this	place)	OR TOWN	Balt	imore		gol.	V .	4
HOSPITAL O	R				STREE	T		rural give lo	cation)		-
INSTITUTION STREET ADD		Acton F	losa.		ADDRI		203 Lestve	rton Ave	<b>&gt;</b> •		V .
3. NAME OF DECEASED: (Type or Print)	(First) CHARLE	S	(Middle)	RESCH	Last)		4. DATE OF DEATH:	(Month) Oct. 17	(Day)	(Year)	
	COLOR OR	7. SINGLI	E, MARRIED,	8. DATE O	F BIRTII:		9. AGE last bi				24 HRS.
	RACE: Thite	(Specify	ven, pivorcep, v): Widowed	April			84	YTS.			Min.
10a. USUAL OCC work done du	since panel of month	2 mm 12 fm 1	10b. KIND OF BU INDUSTRY:	SINESS OR			(State or fore	ign country):	I COD	INTRY	WII'Y.
even if retire	Magon dr	iver	Brewery		Maryl				0.8	S.A.	
13. FATHER'S NA	ME:			1			DEN NAME:				
Michael				77 100 7	NFORMAN	Don't					
(Yes, no, or unk.)	(If Yes, give war	or dates of	16. SOCIAL SECURIT								
No.	service)		18. MEDICAL CE		***	e_Res	ch 3203 L	eaverton	Ave.		
Immediate Antecedent Diseases or a	cause	(a) DUE :	JOVY	ions	del	erini clus	elonun net - V	d-fil	an,	Onset An	ADD.
		(c)	Calle	Lia	hal	seal	USE 14	Tulling	200		
11. OTHER SIGN Conditions con	tributing to the	death but no	ot of	2.00	-1	7	0 1 0 4	On a	r ' )		
related to the	disease or conditi ERATION:   191		FINDINGS OF OP	ERATION	cy .		MAL	DOULINE	1 2	20. AUT	OPSY (
				/						Yes 🗍 🗎	No F
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE OF INJUE	E (Home farm, far office bldg., etc.	tory, street,	(CITY	OR TOW	N)	(COUNTY)	(STA)	TE)	
TIME (Month) OF INJURY	(Day) (Year)	(llour) m.		While Work	HOW DI	D INJUR	Y OCCUR?		and Araba	- FOR THE PARTY OF	
	ertify that at		e deceased from	WOLK [ ]	195	to: 96	7 7 19	\$5, that I	last say	w the de	cease
alive on Signaturi	7/5, 195 7 N- MU EMATION, DA	and t	chat death occur (Degree or title) OF NAME O	5 -F CEMETER	FOR CRE	41, Aror AD MATORY	the causes DRESS	and on the	date stat	ted above SIGNED	
Burial DATE REC'D	Uc		1955 Parl	cwood	. FUNER	A DID		lle, Md.	Ä	ADDRESS	
REGISTRAR	BI LOCAL RE	TAR S	SIGNACIONE	24	FUNER	WAL DIKE		4030 D 3		7	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of infoumation carefully.

MARGIN MESERVED FOR DINDING



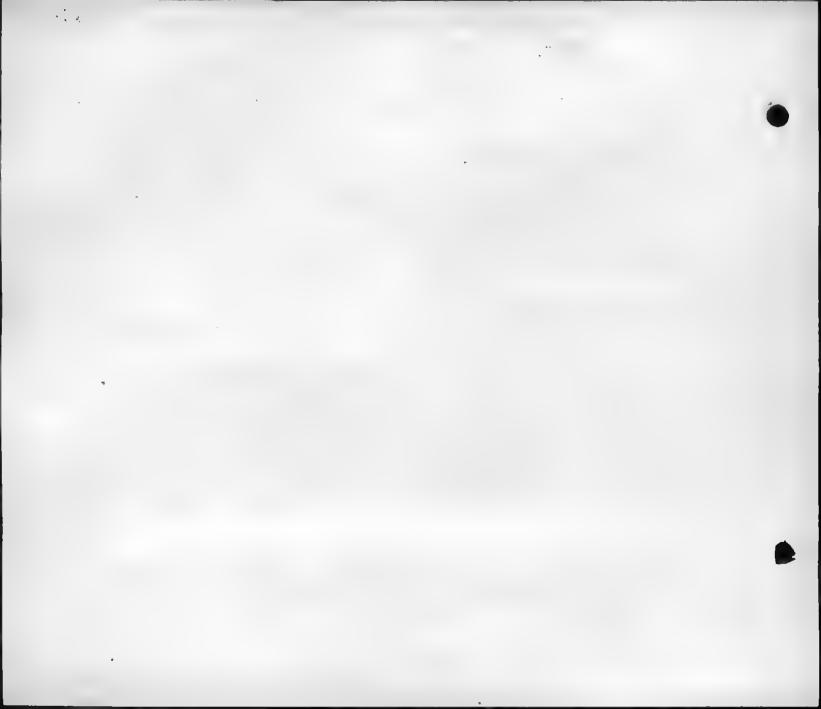
FUNERAL DIRECTOR

ADDRESS

DATE REC'D BY LOCAL

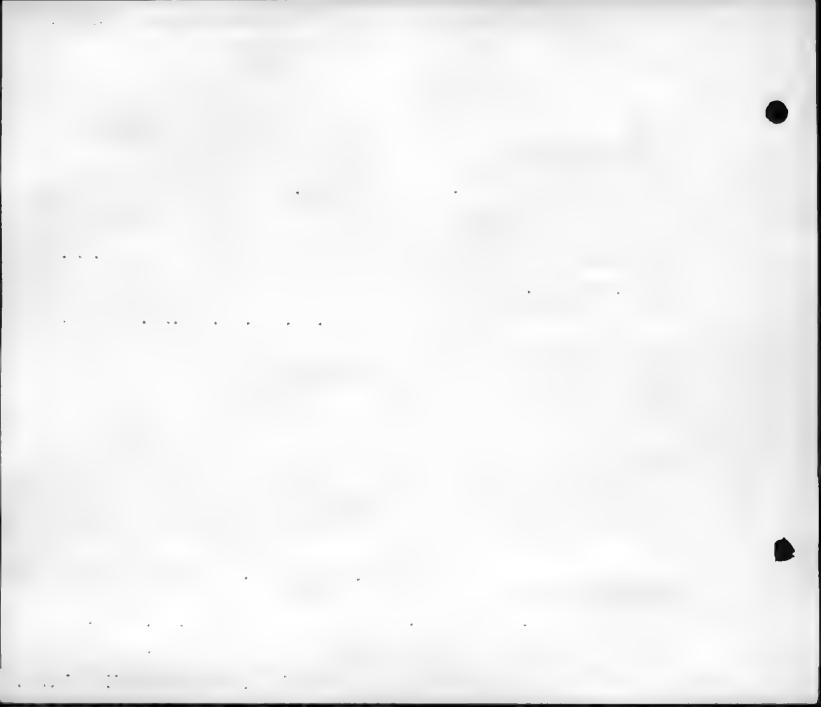
REGISTRAR

REGISTRAR'S SIGNATURE



ODKITIOAII	Y OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY BALTIMORE MARYLAND	STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(if outside corporate limits, write RURAL and give nearest town
X TOWN FORT HOWARD (in this place)	TOWN BALTIMORE 2101
HOSPITAL OR	STREET (If rural give location) ADDRESS
STREET ADDRESS VETERANS ADMINISTRATION HOSPI	IFAL 1531 Lochwood Road
The state of the s	(Last) 4, DATE (Month) (Day) (Year)
(Type of Print) ADOLLI	DER Jr. DEATHUCTODER 0 1955
BACE: WIDOWED DIVORCED	OF BIRTH: 9. AGE last birthday 1r UNDER 1 YEAR   1F UNDER 24 HRS.   Months   Days   Hours   Min.
MALE WHITE (Specify MARRIED 12-1-9	
DA. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	FI. BIRTHPLACE (State or foreign country):   12, CITIZEN OF WHAT COUNTRY?
even if retired): Clerk Engineering Company	New Orleans, Louisiana U.S.A.
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Adolph H. Rider, Sr.	Edna Raiford
S. WAS DECEASED EVER IN U.S. ARMED FORCEST IS, SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
Yes, no, or unk.) (If Yes, give war or dates of service) WW-1	Clin.Rec., Vet.Adm. Hosp., Ft. Howard, Md.
18. MEDICAL CERTIFICAT	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
A 3 P	
IMMEDIATE CAUSE (A) RESPIRATO	RY_FATLURE
	NIC CARCINOMA 2 MONTHS
DISEASES OR CONDITIONS, IF ANY, (B)	
STATING UNDERLYING CAUSE LAST,	
(C)	
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?
	YES NO T
R CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory, 21c. WHERE DID (City or town) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	D 21F. HOW DID INJURY OCCUR?
2ID. TIME (Month) (Day) (Year) (Hour) OF INJURY  M. 2IE INJURY OCCURRED While Mylle at work at work	21F. HOW DID INSURY OCCUR?
22. I hereby certify that I attended the deceased from .Sept	.20, 19 55, to Oct. 8 , 19 55, 10000000000000000000000000000000000
signature	11:23M, from the causes and on the date stated above. ADDRESS DATE SIGNED
WINSTON C. DUDLEY, M. D.	P. D. Wall. Fort Howard, Md. 10-9-55
23. BURIAL, CREMATION, DATE THEREOF   NAME OF CEMET	R.D. VAH. Fort Howard, Md. 10-9-55 ERY OR CREMATORY   LOCATION (City, town, or county) (State
Burial (SPECIFY) 10/11/55 Druid Ridge	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	
REGISTRAR CONTRACTOR	Henry W. Jenkins and Sons Col, Inc.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

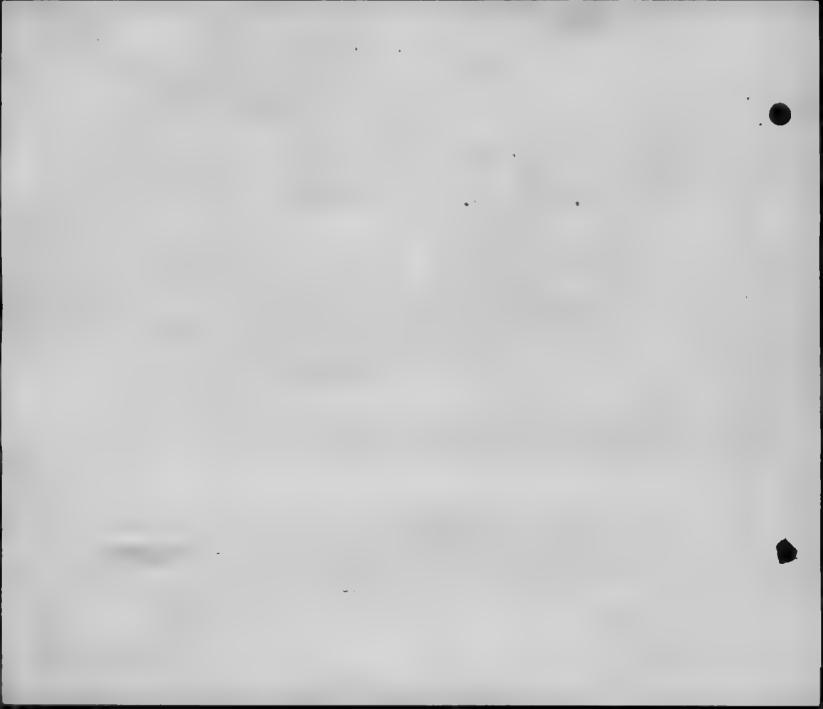


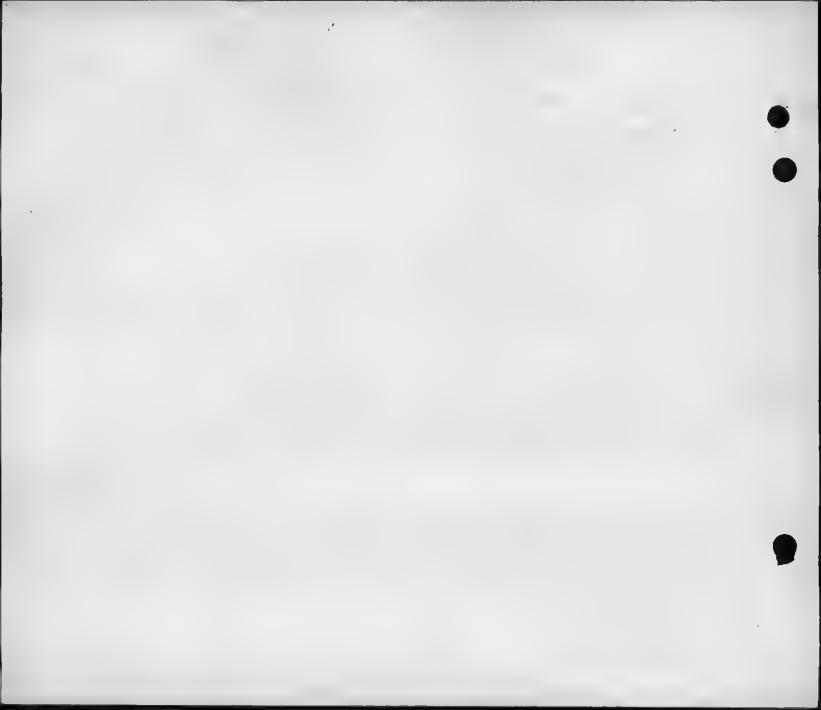
MARYLAN	D STATE	DEPARTMEN	T OF	HEALTH-	-BALTIM	ORE,	18

	orre		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Vo			
FOR BINDING	10		1. PLACE OF DEATH:   2. USUAL RESIDENCE (HOME)/OF DECEASED:				
	) =	ly. The	COUNTY BALTIMORE MARYLAND STATE BARATY BONCOUNTY BACK	Inore			
	/ <u>.</u>		CITY (If outside corporate limits, write RURAL   LENGTH OF STAY   CITY (If outside corporate limits write RURAL and g	ive nearest town)			
	fu	je je	X TOWN Somes Creekill Lift TOWN BALTIMOLE Jones	Cieck)x			
	are	pu	HOSPITAL OR STREET STREET (If rural, give location)	/			
	ن د	y every item of information carefully. The the causes of death clearly and legibly.	INSTITUTION OR 7338 WALDMAN AVE ADDRESS 7338 WALDMAN A	me			
	tio		3. NAME OF (First) (Middle) (Last)   4. DATE (Month) (Day)	(Year)			
	H8		(Type or Print) RAYMUNG CHARLES RIFFE DEATH 10 29	19 5			
	- Fo		5. SEX:   6. COLOR OR   7. SINGLE, MARRIED.   8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR	R IF UNDER 24 HR			
	三三		RACE: WIDOWED, DIVORCED, (Specify): 5/ pri 16 16-2 55	Hours Min.			
			10a. USUAL OCCUPATION (Give kind of   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (State or foreign country):   12. C	ITIZEN OF WILL			
	N E		even if retired):	COUNTRY			
			13. FATHER'S NAME:	1			
			HRTHUR T. KIFFEL VATTIE V. Shriver				
	e v		15. WAS DECEASED EVER IN U.S. ARMED FORCES 1 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS:	AND AND THE PARTY			
	OF V	4	(Yes, no, or unk.) (If Yes, give war or dates of service)  H. T. Ri I is 1 - S A m				
		riti	18. MEDICAL CERTIFICATION				
	ED So	Suppl	1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEE ONSET AND DEAT:			
	× ×	PLEASE WRITE PLAINLY, WITH UNFADING INK. age is especially important. Physicians: please	Immediate cause (a) Consendal heart clicaine (probabley	27			
			Immediate cause  (a)				
	E C		Antecedent cause(s)				
			Diseases or conditions, if any, (b)				
	AI		giving rise to the above cause DUE TO stating underlying cause last				
	N F		II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
	MARGIN MESERVED UNFADING INK. Su		TO THE DEATH BUT NOT RELATED TO THE				
	E		DISEASE OR CONDITION CAUSING DEATH.				
			19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No.			
	- F		21a. EXTERNAL CAUSE WAS   21b. PLACE (Home, farm, factory,   21c. (City or town) (County)	(State)			
•			PRIMARY or CONTRIBUTING OF street, office bldg., etc., CAUSE OF DEATH.				
	Z		21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED ; 21f. HOW DID INJURY OCCUR?				
	¥		OF While at Not while INJURY M. work at work				
			22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [],	Inquiry 🔲 , ar			
			find that death resulted from: Natural causes Accident [], Suicide [], Homicide [], Undeterm				
	2		SIGNATURE CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED			
100 603	₿		Jack K. Edeller M. D. ASSISTANT MEDICAL EXAM. 1	10.20 22			
70	[E		23. AURIAL, CREMATION, DATE THEREOF NAME OF COMMETERY OR CREMATORY LOCATION (City, town, or coun	(State)			
4	A		DATA REC'D BY LOCAL   REGISTRAR'S SIGNATURE   L24. FUNERAL DIRECTOR	ADDRESS			
15A	Ĭ.		DATH REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR	LAND TO S			
₹.	-	4	Car 71-3 2 1 Landon Ol of While all was the standing of the	1-11-			
N N							

Two FOR ONE CERTIFICATE
FING 6188- 11/7/55- Mark.







	4)	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (19535)
	. The	True 7. 9536 CERTIFICATE OF DEATH Reg. Dist. No. 32
1/	carefully.	I. PLACE OF DEATH.    1. USUAL RESIDENCE (HOME.) OF DECEASED:
7	careful legibly	
	cal	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY (If outside corporate limits, write RURAL, and give peaced town)
/ M	tion	X TOWN DINESUILE (in this place) OR TOWN BALTIMORE 3V . 4
(A	mat -ly	HOSPITAL OR INSTITUTION OR ADDRESS ADDRESS
7	item of information of death clearly and	DO STREET ADDRESS 100 OLD COURX ROAC 10 3563 TAIRFIELD Rd.
	f in	S. NAME OF (First) (Middle) Deceased: (Month) (Day) (Year)
	n o	(Type or Print) PAIN PAIN ROPPEN DEATH: 10 - 25 1953
	iter	MANIC RACE: 1 WIDOWED, DIVORCED Hours Min.
		10A, USUAL OCCUPATION (Give kind of) 10B, KIND OF BUSINESS 111, BIRTHPLACE (State or foreign country): 112 CITIZEN OF WALLS
10	causes	work done during most of working life. OR INDUSTRY:
S. C.	pply the	13. FATHER'S NAME; 14. MOTHER'S MAIDEN NAME:
FOR BINDING	Supply te the c	Fred RUDDLE Elizabeth Fiddler
200	4 104	19. WAS DECEASED EVER IN U.S. ARMEO FORCES: 18. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:  (Yes, no, or unk.) (If Yes, give war or dates
FO		of service) NO 52-055-2783
	NG IN please	18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ONSET AND DEATH
MARGIN RESERVED	IO	ILH3X
S	FA	IMMEDIATE CAUSE (A) Chronic My ocar ditis / Month
RE	UN	ANTECEDENT CAUSE (S)
Z	TH UNFAI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO
RG	<b>—</b>	(C)
MA	~ @	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE
F	AINLY, Wimportant.	DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
		20. AUTOPSYT
		21a. ACCIDENT WAS UNDERLYING 21a. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State)
	WRITE PL	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?
æ	VRI	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F, HOW DID INJURY OCCUR?  OF INJURY While Not while
-	20	M. at work at work
	ge is	22. I hereby certify that I attended the deceased from 294. 19.5, to 001 25., 1955, that I last saw the deceased
53	TYPE rect as	alive on O. M., 1955, and that death occurred at? P. M., from the causes and on the date stated above.
10		SIGNATURE CAMES G. Miller Saw. M.D. Pikesville- P.Md. 10/26/15
1		23.) BURIAL CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
A18	PLEA	DUPIAL 10/28/55 Druid RIAGE TIKESUILLE, MG
Ø	PI	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24: FUNERAL DIRECTOR ADDRESS
>		REGISTRAR / Warvely a revell Trank H. newell, Petersvelle m



VS. A15

IS - was 2 3 2 1 2 12

Baltimore National

Baltimore.

FUNERAL DIRECTOR

Md

ADDRESS

MARGIN RESERVED

80

emrly

demth of

TOWN

Male

Yes

information

item

every camsem

Sumply the

> Z e s

NG

ADI

WITH

AINLY

PL ecially

RITE

120 2

Burial

DATE REC'D BY

16

FOR

0 TYPE 臼 1. 4 1 5 g in the second







Reg. Dist. No. ....

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	112
COUNTY Baltimore MARYLAND	STATE Maryland COUNT	parto
CITY (If outside corporate limits, write RURAL and LENGTH OF STA OR give nearest town)	OB -	ivo nearest town)
OR give nearest town) Parkville (in this place)	Town Parkville	×
HOSPITAL OR INSTITUTION OR 3015 Woodside Avenue	ADDRESS 2015 Wooded do Avenue	
INSTITUTION OR STREET ADDRESS 3015 Woodside Averne	ADDRESS 3015 Woodside Avenu	e
3. NAME OF (First) (Middle) DECEASED Mass Co.	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Mrs. Bertha May Sc.	hrufer DEATH Oct.	2nd 1955
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under	r. 1 year   Hunder 24 hrs
female white WIDOWED, DIVORCED, (Specify) married	4/1/1889   66 yrs.	
10a. USUAL OCCUPATION (Give kind of work) 10b. Kind of Business of done during most of working life, even if retired) INDUSTRY.		COUNTRY?
at none	Baltimore, Maryland	COUNTRY! USA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Crosby	Emma Schauermann	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If year, give war or dates of	17. INFORMANT AND ADDRESS	
service)	Mr. Louis Schrufer, 3015 Woodsi	de Avenue #1
10 MEDICAL	ERTIFICATION	INTERVAL BETWEEN
T DISPLANT OF CONTRICTOR STOREST VIELDING TO DELTH		ONSET AND DEATE
ili. X Conches	Klew suchase	
Immediate cause (a)	Tomas in the second	4
Antecedent cause(s)	Hemorrhoge nos le V. Disease Asclerosio	
Visseren	resp le. Villace	
Diseases or conditions, if any, (b)		
atating the underlying cause last	sclerosio	
II. OTHER SIGNIFICANT CONDITIONS	•	-
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes   No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, atree	(COUNT)	(STATE)
SUICIDE OF office bidg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
UF   While at   Not While   Not While   Not Work   At work		
4	0 0 0.4.2 5	
22. I hereby certify that I attended the deceased from		
alive on 10/1, 19.55, and that death occurred at	1150 P.m., from the causes and on the date s	stated phove
SIGNATURE (Degree or title)	ADDRESS A BOOK	DATE SIGNED
Kathan Kanney MX	2101 Hurbard Rd. in	110/3/5
	TERY OR CREMATORY   OCATION (City, town, or cou	nty) (State)
REMAYAL (Specify) 10/5/1955 Parkwood	Cemetery Baltimore, Ma	
חבר בייווות בעל בעור בייווות		
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	Leonard J. Ruck, 5305 Harford	ryland

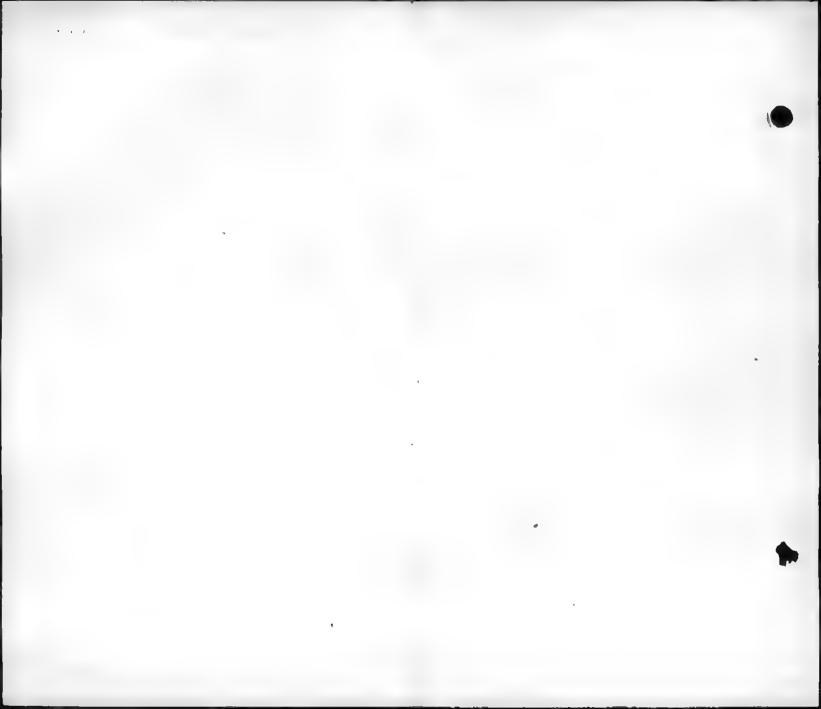
Dr. Janney 7101 Harford hoad 9 and 10

Please call us when Ready HA 6 1460

MARGIN RESERVED FOR BINDING

VS. A15 - 10 - 53

.00	MANUAL DEL MANUEL VI MEMBER BARRINGTE, 10	119539
y. The	9540 CERTIFICATE OF DEATH Reg. Dist	
carefully.	1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASE	0:
carefuli legibly.	COUNTY BALTIMORE MARYLAND STATE MARYLAND COUNTY BACK	Prince of the control
ca le	CITY (If outside corporate limits, write RURAL, LENGTH OF STAY) CITY(If outside corporate limits, write RURAL,	
	OR and give nearest town) in this place) OR	216
ati.	HOSPITAL OR KATHERINE ROBB NURSING HOLE STREET (If rural give location)	24.104
E L	INSTITUTION OR ALLA PROPERTY OF ADDRESS	DA - 40. 1891
of information ath clearly and	70 STREET ADDRESS 4103 EJJEX Kd. 922 WILD WOOD	PARKMAN
in a	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (DECEASED: 1/10 a 1/11 b	Dayl (Year)
m of i	(Type of Print) V/KG/N/N DEATH: //	19 55
	5. SEX:   6. COLOR OR   7. SINGLE, MARRIED.   8. DATE OF BIRTH:   9. AGE last birthday   15 UNDER 15   Many half T	
	(Special Months) Ink. Abt. 1866 Abt. 89 yrs. Months I	ays Hours Min.
r every	10A. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS   11. BIRTHPLACE (State or foreign country): 12.	
	work done during most of working life. OR INDUSTRY: Baltimore, Maryland	ZOUNTRY?
oly e c	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	191/11
Supply te the c	Robert O. Elliott Mary E. Bean	
K.	IS WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO.   17. INFORMANT & ADDRESS:	
	(Ven no or unk ) (10 Ven give were or deter	. 7.4
Se E	No of service) NONE   C.Maurice Weidmeyer, Annap	olis 'Wd.
NG plea	18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
TIC I	1/40 Y	ONSET AND DEATH
AI	IMMEDIATE CAUSE (A)	1 days.
N is	ANTECEDENT CAUSE (S)	
WITH UNFADING nt. Physicians: plea	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING HINDERLYING CAUSE I AST  DUE TO  DUE TO  DUE TO	MYFARC.
H. Sh	GIVING RISE TO THE ABOVE CAUSE DUE TO	
VIT	(C)	
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
or t	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
Z	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3		YES NO
PI Ily	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factory.) 21c. WHERE DID (City or town) (Coun-	y) (State)
WRITE PI especially	21a. ACCIDENT WAS UNDERLYING 21a. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY atrect, office bldg., etc. INJURY OCCUR? (Countributing Cause of Countributing Cause of Cause o	(prate)
'RI	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED   21F. HOW DID INJURY OCCUR?	
5	OF INJURY  M. While Not while at work at work	
	22. I hereby certify that I attended the deceased from 1945 , 19/19-to Oc.T. /1., 1953, that I last	cour the deceased
TYPE rect ag	alive on	stated above.
	Edura Herpenty M.D. 8204 L/BERTY RA BAGGO. J.M	1.10/12/00
SE	23. BURIAL, CREMATION, DATE THEREOF   NAME OF CEMETERY OR CREMATORY   LOCATION (City, town or	county (State)
	REMOVAL (SPECIFY)	_
PLEA	Dest vintor of 101	aryland.
А	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	erty Hghts.
	1 1 - 5 King for July And June 1000	Avenue





CERTIFICAT	E OF DEATH Reg. Dist. No
PLACE OF DEATH- COUNTY BaltimorE  CITY (If outside corporate limits, write RURAL and OR give pearest town) TOWN Kural Whitemarsh HOSPITAL OR INSTITUTION OR REd Lion Road Box* 1009	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE MJ COUNTY Baltimore COUNTY Baltimore CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RUKA) White Marsh STREET ADDRESS Red LICAROAD BOX1009
NAME OF DECEASED (First) (Middle) (Type or Print) William (Type or Print) SEX 16. COLOR OR RACE   7. MIGHE). MARKETOD.	(Last) 4. DATE (Month) (Day) (Year) OF DEATH Oct. 27, 1955 18. DATE OF BIRTH 9. AGE last birthday   If under, I year ilf under 24 hrs.
WIDOWED, OSpecify (Specify)  On. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	Nov. 27, 1861 93 Months Days Hours Min.  11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY METCHANT  S. FATHER'S NAME  ZIN KNAWN Shappard	North Carolina Country? U.S.  14. MOTHER'S MAIDEN NAME  Martha - MNKNOWIV
5. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. Yes, no, or unknown) (If year, give war or dates of service)	Mrs. Flora Edna Dolan Route 3 Box 44
Immediate cause  Antecedent cause (a)	Interval Between ONSET AND DEATE Sudden Sudden Live Cardio-Vascular disease 2 yrs
9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes \( \text{No} \( \text{D} \)
R. ACCIDENT SUICIDE SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF NJURY  m. Work  Not While Work  Not Work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from August.	0:30Am., from the causes and on the date stated above.
B. BURIAL, CREMATION DATE  BEMOVAL (Specify)  Control of the contr	TA FUNERAL DIRECTOR  LOCATION (City, town, or gounty)  (State)  LOCATION (City, town, or gounty)  (State)  ADDRESS
REG.	Joseph Trista Belly med

2411 Altraches 54





this this

09541

9542

## CERTIFICATE OF DEATH

			ila
Reg.	Dist.	No	40

1. PLACE OF DEA	тн			2. USUAL RESIDE	NCE (HOME) OF DI	ECEASED	
COUNTY	altimore	MARYL	AND_	STATE Maryla	and county	Paltimo	re
CITY (If outside con OR and give near	porete limits, write RURAL	LENGTH O		CITY (If outside corp	orele limits, write RURAL e	nd give neerest towr	)
/ TOWNS	Whitemarsh		ears	TOWN	Whitemarsh		×
HOSPITAL OR	Witt residence it	1 20 1	ears	STREET	(If rural giv	e Incetion)	
INSTITUTION OR				ADDRESS	In smeat Res	e location)	/
** STREET ADDRESS	TOT7 Red Li	on Road		IOI,	7 Red Lion Ro	ad	
3, NAME OF DECEASED	(First)	(Middle)	(L	esi)	4. DATE (Mon	th) (Day)	(Yaar)
(Type or Print)	parry	77	Cimpa	n		25-	18 55
5. SEX   6. C		GLE, MARRIED,	Simpso I 8. DATE OF 8		9. AGE lest birthday	IF UNDER 1 YEAR	IF UNDER 24 HR
R	ACE WID	OWED, DIVORCED,			7, 7102 lost billiouy	Months   Days	Hours I Min.
Male Th	ite   Spe	Married	Aug.	2I, I886	69 ym		
100. USUAL OCCUPATION	Y (Give kind of work	106, KIND OF BUSINES OR INDUSTRY	5 11.	BIRTHPLACE (Stata or for	eign country)		EN OF WHAT
done during most of retired) 717 at a law	working life, even n			Transla	2	COU	NTRY?
3. FATHER'S NAME	an-Retired	Distill	ery I	1/aryland		1 1 9	). A.
a. (MITTER S PARTE				14. MOTHER 2 MAIDEN	NAME		
Rich	ard Simpson			Sarah	McMahon		
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES		URITY NO.	17. INFORMANT &			
	s, give wer or detes of serv	Ice)	000.	201 . J . 3 . to	n1		m. 7
No		212-01-4			Simpson-IO		
I DISEASES OR CONDIT	IONS DIRECTLY LEADING T	O DEATH	DICAL CERTI	FICATION			ERVAL BETWEEN
11091		1.15	A A A	Mantin Man	early Biss		/ 4
44 MMEDIAT	E CAUSE (A)	ECHERON	cerner.	Carpeter you	CHEMINAL VERGE		6 7/4.
ANTECEDEN	T CAUSE(S) DUE TO	,					
DISEASES OR CONDITIO	NS, IF ANY, (8)						
GIVING RISE TO THE A	BOVE CAUSE DUE TO						
STATING OHDERCHING	(C)						
	ONDITIONS CONTRIBUTING						
TO THE DEATH BUT NO							
DISEASE OR CONDITION		FINDINGS OF OPERATION	- · · · · · · · · · · · · · · · · · · ·				ALIZONEUA
2. DATE OF OPERATION	A IFB. MAJOR	THISINGS OF OPERATION	•				O. AUTOPSY?
21a. ACCIDENT WAS UP	NOERLYING []   215 PI	ACE (Home, ferm, fector	1 21-	WHERE DID INJURY OCC	III 2 (City on Love)		المال المال
OR CONTRIBUTING CAL	JSE OF DEATH OF INJU	IRY street, office bldg., etc	j			(County)	(Stata)
21d. TIME OF INJURY	Month) (Dey) (Yeer) (H			HOW DID INJURY OCC	UR?		
			l while				
			/	10 M (160	from man		
	tify that I attended				25 1955		
alive on Clea	25 1953	, and that death	ofcurred al 32	M, from the	causes and on the d	date stated above	ve.
SIGNATURE	A B. Qs			ADI	DRESS Street, city, tow		DATE SIGNE
- Farmer	of White an	10	M.D. 42	22 Eastern Au	a Bellisona	21 300	10-100
BURIAL, CREMATION REMOVAL (SPECIFY)	DATE THEREON	NAME OF	CEMETERY OR CRI		LOCATION (City, low	n, or county)	(Sfare)
Burial	TO-29-5	5 St. N	ichael s		Downer Ital	17 150	
24. REC'D BY REGISTRAF	REGISTRAR'S		TOTAL S	25. FUNERAL DIRECTOR"	Perry Hal	ADDRES	S
	* 1 M	1 14 0/	41 1	UTT	6 11		71.0
DATE	Line. Il	aller stam	nell is	Malin Jun	esal Homes -	- 74111 18	start Aker

MSTRUCTIONS



#### CERTIFICATE OF DEATH

2929			1106.	Dist. 110.
1. PLACE OF DEATH:	λ	2. USUAL RESIDI	ENCE (HOME) OF DECE	ASED:
COUNTY Baltimore	MARYLAND	STATE Mar	yland county	
CITY (If outside corporate limits, write FOR and give nearest town)		CITY(If outside	corporate limits, write RUR 9 E. Federal Str	
HOSPITAL OR INSTITUTION OR STREET ADDRESS ROSEWOOD Trai	ning School	STREET ADDRESS Bal	(If rural give local timore, Maryland	tion)
S. NAME OF (First) DECEASED: (Type or Print) Michael	(Middle) Joseph	(Last) Sinclair	4. DATE (Month) OF DEATH: 10	(Day) (Year) 19 19 55
5. SEX: 6. COLOR OR 7. SINGLE, RACE: WIDOWE (Specify)	DIVORCED	OF BIRTH: 1	9. AGE last birthday Fruno Month	
OA. USUAL OCCUPATION (Give kind of 10) work done during most of working life, even if retired):	B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (	State or foreign country)	U.S.A.
3. FATHER'S NAME:		14. MOTHER'S MA	AIDEN NAME:	
Ferdinand Sinclair		Helen	Constance Mallo	n
S. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates of service)	15. SOCIAL SECURITY NO.	Rosewood		
	IS. MEDICAL CERTIFICAT	ION		INTERVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY  75/ X  IMMEDIATE CAUSE	(A) Pneumonia,	Bilateral		2 days
ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	(B) Acute Brond	chitis		3 days
II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DI	THE Syr	lic, meningocondrome)	ele (Arnold Chia	ri   birth
194. DATE OF OPERATION. 198. MAJOR	FINDINGS OF OPERATION	N		20. AUTOPSY?
	B. PLACE (Home, farm, fact FINJURY street, office bldg.,			County) (State)
DF INJURY M.	While Not while at work	21F. HOW DID I	NJURY OCCUR?	
22. I hereby certify that I attended the alive on 10/19/ , 1955, and SIGNATURE B. Butte	that death occurred at	10: 30 M, from the ADDRESS	ne causes and on the de	
DATE REC'D BY LOCAL REGISTRAR'S	5 Bottems	National D	Polito md	n, or county) (State
GUSTRAR .	The state of the s	1. 1. The state of	THE CTOR	ADDRESS

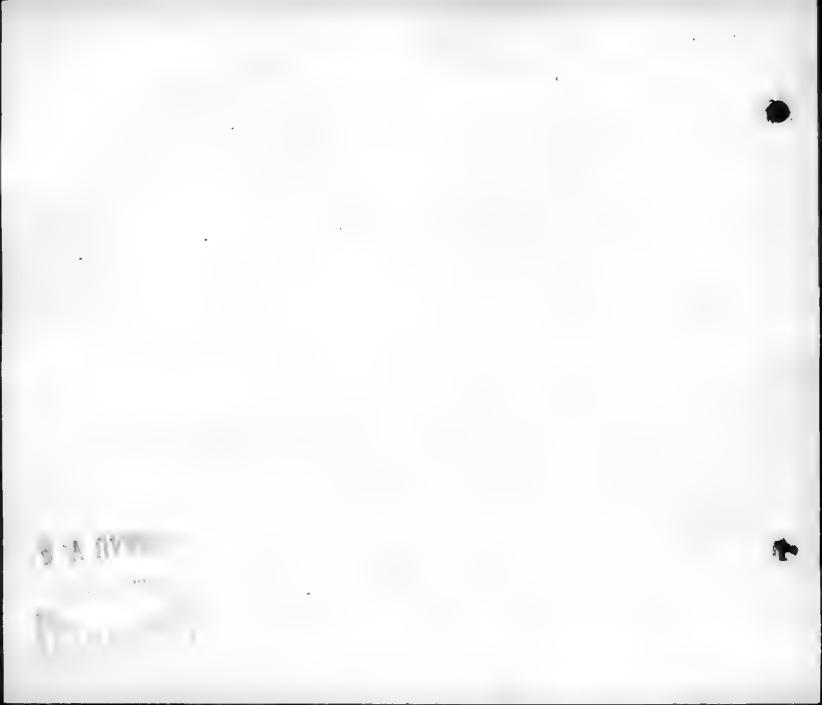
MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

20651814 A15 - 10 - 53

VS.

Supply every item of information carefully. The



# CERTIFICATE OF DEATH

Balte. Md

		2 Film 1 :	11-1-1	5 et -			18	09	543
95	44	RTIFIC	AIC	OF L	)EA		eg. Dis	t. No	44
1. PLACE OF DEATH				2. USUAL P	REBIDENCE	(HOME) OF D	ECEASE	D	
COUNTY Taltimor		MARYL		STATE Ma	ryland	COUNTY limits, write RURAL			
CITY (II outside corporate) OR and give nearest lower	mils, write RURAL	LENGTH OF		QR .	itside comparate	limits, write RURAL	end give ne		
X TOWN Fort How	ard	3 day	78	TOWN Be	ltimore	)		-34	21-4
HOSPITAL OR INSTITUTION OR				STREET ADDRESS		(H rurel gi	ye location)		
Street Address Vater	ans Adminis	tration Ho	ospital	10	36 W. S	aratoga S	St.		У.
3. NAME OF DECEASED	(First)	(Middle)		(Lest)		4. DATE (Mo	nth)	(Day)	(Your)
(Type or Print) FRAN		Α.		ETI		DEATH OC	tober	21	<sup>19</sup> 55
5. SEX 6. COLOR RACE	WIDOWE	D DIVORCED	8. DATE OF	BIRTH	9.	AGE last birthday	Months	R 1 YEAR	Hours   Min
Male Colore	(Specify)	Married		)-96		( U59 i.			
done diffing most of working	kind of work 10t	OR INDUSTRY	5	II. BIRTHPLACE (SI	tala or foreign o	country)	1	2. CITIZEI COUN	N OF WHAT
retired) Janitor				Baltimo				U.S.	le .
13. FATHER'S NAME				14. MOTHER'S	MAIDEN NAM	AE .			
John Smith					Smith				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS									
(Yas, no, or unt.) (If Yes, give wer or deles of service) 215-14-5076 ClineRece, VeteAdneHospe.Fte						· How	ard, Md		
I DISEASES OR CONDITIONS D	IRECTLY LEADING TO DE	18. MEI	DICAL CER	FIFICATION				INTE	RVAL BETWEEN ET AND DEATH
521 X IMMEDIATE CAUS									
	0110 00	SPHYXTA						_50	DDEN
ANTECEDENT CAUS	ir fat	SPIRATION	OF BLOO	D				SU	DDEN
DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE STATING UNDERLYING CAUSE	LAST. DUE TO								
	(C) HE	MORRHAGE	FROM LUI	IG ABSCES	S RIGH	T LOWER LA	DBE	_UN	KNOTN
11 OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELA	TED TO THE								
DISEASE OF CONDITION CAU		INGS OF OPERATION	1					20	, AUTOPSY?
IFE. DAIL OF OFERATION	170. MICSOR FIND	INGS OF OFERAIION							₩ № □
216. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF	NG 21b. PLACE DEATH OF INJURY ST WINER)	(Home, farm, factor, treel, office bldg., elc.	j 21	c. WHERE DID INJU	URY OCCUR?	(City or town)	(Cou	nty)	(Stete)
21d, TIME OF INJURY (Month)	(Day) (Year) (Hour)	21e. INJURY OCCU	RRED 2	II. HOW DID INJU	JRY OCCUR?	-			
	M.		vork			22			
22. I hereby certify t	hall Chattended the	deceased from OC	tober	8, 1955,	100atabe	r./2/1, 1955	, diac:	colations to	checkee
SENSON STANFOLD	dull	and that death	occurred at.	.9. <b>:30P</b> M, fr	om the caus		date state	ed above	
	DATE THER OF			REMATORY		OCATION (City, tow			(Stata)
REMOVAL (SPECIFY)	1926/6	6 Baltin	nore Na	tional Ce	metery	Baltamore	, Mar	yland	i
24. REC'D BY REGISTRAR	BEGISTRARIE SIGNA	ATURE		25 FUNERAL DI	RECTOR'S SIG	NATURE OF	-	ADDRESS	
DATE Cat 28 1953	t of	J. 54 m.	Len.	Nrg Kat	TA Will	iams 322	No Sol	road	an St.

iours after death.

200

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed-within The bottom copy may be retained by the hospital or attending physician.



### 9545

#### CERTIFICATE OF DEATH

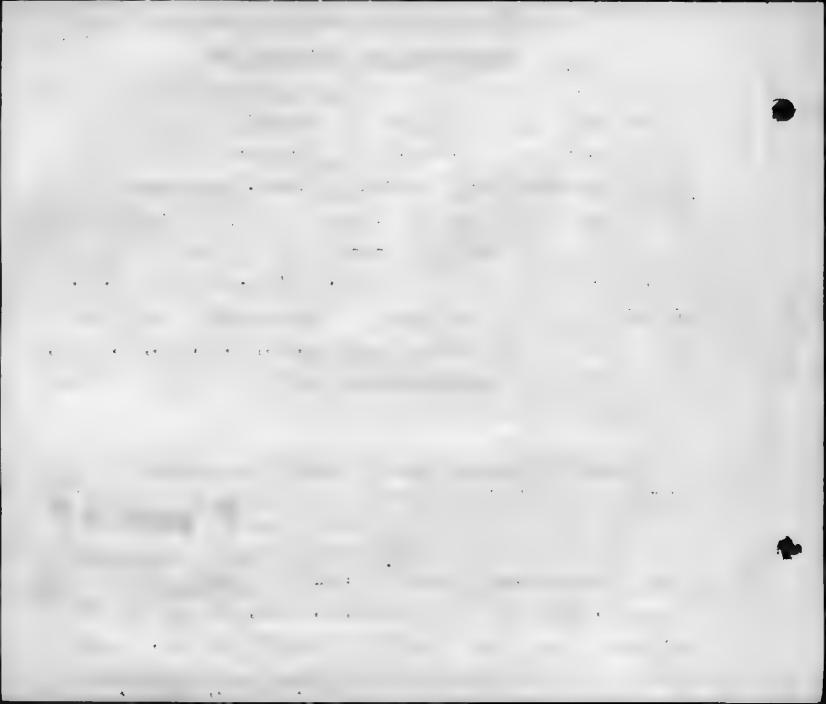
			Keg. I	DIST. NO
1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DECEM	SED
COUNTY Baltimore	MARYLAND	STATEMATEVIAN	COUNTY	
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (It outside corp.	orete limits, write RURAL and give	e nearest lown)
OR end give neerest town) TOWN Fort Howard	(In this place)	OR TOWN TO THE		2 5 1 46
HOSPITAL OR	31 days	STREET Baltim	(If rurel give loce	tion)
INSTITUTION OR STREET ADDRESS		ADDRESS		1
Veterans Administr	ation Hospits	11 1921 N	Payson Street	(Dey) (Yaar)
DEGENERO	(widdia)	(1.051)	4. DATE (Month)	(Dey) (rear)
		TTH	Octol	per 22 1955
5. SEX 6. COLOR OR 7. SINGLE, MARY RACE WIDOWED, DI	RIED, 8. DATE	OF BIRTH	9. AGE last birthday   IF U	NDER TYEAR IF UNDER 24 HRS. ths   Days   Hours   Min.
- the state of the		3-89	66 yrs. mon	ms Days Hours Min.
10a. USUAL OCCUPATION (Giva kind of work   10b. KI	ND OF BUSINESS R INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT
retired) Janitor	K INDUSTRY	St. Mary's Co	o. Mamrland	U-S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	Ueverse
7 a a 0 1 11.				
Joe Smith  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   1	6. SOCIAL SECURITY NO.	Catherine		
(Yes, no, or unk.)* (If Yes, give wer or detes of service)	VI JOURE SECONIT NO.	17. IN OKNOSTI O.	NOOKI34	
Yes WINT	in Imount	Clin Rec.	Vet-Adm. Hosp.	Ft. Howard Will
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	IS. MEDICAL CI	RTIFICATION		ONSET AND DEATH
157 X IMMEDIATE CAUSE (A) CAR	CINOMA OF TAI	L OF PANCREAS		UNKNOWN
ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, (B)		<del></del>		
STATING UNDERLYING CAUSE LAST. DUE TO				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			<del></del>	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19a. DATE OF OPERATION 19b. MAJOR FINDINGS				20. AUTOPSY?
10-7-55 Exploratory	laparotomy		N. P. 440	YES MO
10-7-55 Exploratory  218. ACCIDENT WAS UNDERLYING   216. PLACE (Hon OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, (If EITHER, NOTIFY MEDICAL EXAMINER)	office bldg., etc.)	21c. WHERE DID INJURY OCCU	R? (City or lown)	(County) (Sinte)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e	INJURY OCCURRED	2If. HOW DID INJURY OCCU	IR?	
	vork at work			
22. I hereby certify that attended the dece				
alignesis population de la	that death occurred			
glovatyte // de sust	-	ADD	RESS (Street, city, fown, stet	
William B. VandeGrift		AH. Ft. Howard	LOCATION (City, town, or co	10/22/55
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY O	R CREMATORY	LOCATION (City, town, or o	ounty) (Sieta)
Burial /4/16/59	Baltimore N	ational Cemeter	ry Baltimore. N	Maryland
24. RECO BY REGISTRAR REGISTRAR'S SIGNATUR	ed 1	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
DATE Ct. 2 4 1955 Agree 10	L. Farters	Mrs Edward D	rd KIN Proc	77
	/3	1463 N. Care	inggold Funeral	
		TAGO N. CELO	A DOO'S DOTT CO. 1	EUp

la muires that the death mrtifical be executed within **MSTRUCTIONS** 

PHYSICIAN OR HUSPITALI The

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit. The bettom copy may be retained by the hospital or attending physician.

V\$ A15C 1-55 10M



DATE

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09546

35/2 FRE

9518

### CERTIFICATE OF DEATH

	Reg. Dist	. No.
1. PLACE OF DEATH Palts,	2. USUAL RESIDENCE (HOME) OF DECEASE	D
COUNTY MARYLAND	STATE COUNTY	2
CITY (If outside corporete limits, write RURAL LENGTH OF STAY OR and give nearest town) [in this place)	CITY (If outside corporate limits, write RURAL and give nea	rest town)
CATOWN BALTIMER E-CAT. 1 day	TOWN BALTIMENE	X
HOSPITAL OR RICH hand NURSING II	STREET (H rural give location)	, ,
STREET ADDRESS	306 TNOYEZIGE	AVE.
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month)	(Day) (Year)
(Typa or Print) KATHERINE ). JMI	Th DEATH OUT	27 1,55
S SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O		
FEMALE WAITE (Specify) 5, NOLE 11-27	-1892 62 yrs. Months	Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY		CONTROL WHAT
ratired Book Korbin SEL MILLS	BALTIMORE Md.	2 Suntry?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	7
Thomas. 13.5 mith	SALLIE E. ENGL	AR
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS 3.0	& Traleside
(Yas, no, or unk.) (If Yas, give wer or dates of service) 278-07- 15-20	A. MAS, JOHN A. MASEN	1.00(3
18. MEDICAL CER	TIFICATION ,	INTERVAL BETWEEN
T DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Day to Day	ONSET AND DEATH
422. IMMEDIATE CAUSE (A) LEft Went MCC	us jailer	16 Mrs
ANTECEDENT CAUSE(S) DUE TO	1	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST DUE TO		-
STATING UNDERLYING CAUSE LAST, DUE TO	•	Unknesen
TO THE DEATH BUT NOT RELATED TO THE	1	11
DISEASE OR CONDITION CAUSING DEATH.	esily	Unknown
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory,   2	I.c. WHERE DIM INJURY OCCUR? (City or town) (Cour	YES NO (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY straet, office bidg., atc.)	(COM)	1133 (2(0)0)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
M, at work all work	•	
22. I hereby certify that I attended the deceased from L. 6.	19 55 to () CT 27 1955 that I	last saw the deceased
alive on O.C.T. 2.6, 19, and that death occurred at		
SIGNATURE	ADDRESS (Sloet, city, town, stata)	PATE SIGNED
Johnson la Masser M.O.90	18 -Rosences Pol Carrier	WILMOUD 22-5
23. BURTAL, CLEMATION, DATE THEREOF, NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county	(State)
Burne 19/29/55 LoudoN	PARK BALTO, MI	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS



#### MARYLAND STATE DEPARTMENT OF HEALTH

9547

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED-	
Balto////////////////////////////////////	STATE mol	en .
CITY (If outside corporate limits, write RUKAL and ) LENGTH OF STAY	OR CITY (II outside corporate limits, write HURAL and giv	e nearest town)
TOWN (in this place)	TOWN MICH STORY	EXXO
HOSPITAL OR	STREET (11 peral give location)	
STREET ADDRESS 16 FUSTING AVENUE	ADDRE'	
3. NAME OF First) (Middle)	(Last)   4. DATr (Month)	(Day) (Year)
DECEASED OF 1/10 PD / a/	OF Com	16 1955.
(Type or Print) DEN APPINION 5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,		I year [If under 24 hrs.
MALE WHITE WIDOWED, DIVORCED, (Specify) Wylowed		Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR		CITIZEN OF WHAT
done during most of working die; even if retired) INDUSTRY	Austria	COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
michael Snew	Devora ?	
15, WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT	7/2
(Yes, no, or unknown) (If yes, give war or dates of aervice)	me & He Place Take	ery, mol.
18. MEDICAL CEI	TIMO COLLEGE POR COLLEGE	
	MILITARION .	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	4 / 1	ONSET AND DEATH
26: X Interior Selsi	Atta (18 Men Vancular Via.	SVRS.
Immediate cause (a)	14 900	-
Antecedent cause(s)	leni.	6 nemitte
Diseases or conditions, if any, (b)		Co pp coperate.
stating the underlying cause last	10 -	1 / 115
(c) Lests he Mil	UNS	1 7 -
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No P
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bidg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR!	
OF While at Not While INJURY m. Work At work		
() (	6/1/	
22. I hereby certify that I attended the deceased from	1953, to 201. 6, 1955, that I last s	aw the deceased
00/1/ 35	12:40	
	ADDRESS	ted above.
SIGNATURE (Degree or title)	1000000	DATE SIGNED
hauss 6. Dogorad The	1905W. Bathward. Durb.	23WA 10/16/5
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETER	RY OR CREMATORY   LOCATION (City, town, or count	y) (State)
REMOVAL (Specify) Oct 18/55 Hebrew Fr		
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG.	Colfernson & Bros Inc. 1/24-26:	V. north due
	COOLOGO O LOS OS DE COLOGO LA COMO	, in actual

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every Item of information carefully, is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN MESERVED FOR BINDING

correct age







### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 35

Item 12 FilmG187 10-14-55 et	Reg. Dist. 140
1. PLACE OF PEACH. COUNTY 2 14	2. USUAL RESIDENCE (HOME) OF DECEASED.
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give neerest town (In this plece)	OR OR
HOSPITAL OR OLAISON 10 minules	TOWN 150/Timer-C
INSTITUTION OR STREET ADDRESS BALLIMONE COUNTY CONTHO	ADDRESS (V C)
3. NAME OF DECEASED To (First) (Middle) Type or Print) To h n	(Last) OF DATE (Month) (Day) (Year) OF TO be 7 1955
6. SEX 6. COLOR OF, RACE 7. SINGLE, MARRIED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday   H under 1 year   Hunder 24 Fee, Months   Deys   Hours   Min.
done during most of working life, even if retired   10b. Kind of Business on Industry   10c.   10b. Kind of Business on Industry   10c.   10c.	11. BIRTIPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY? U.S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECKASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (II yes, give war or dates of 2/5-0/-) 7/2	17. INFORMANT AND ADDRESS IMRS SICIA M. Scherlund-
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
4 1	
Immediate cause (a) COTONST	4 Ocalusion Sudden
· · · · · · · · · · · · · · · · · · ·	
Antecedent cause(s) Discesses or conditions, if any, (b)	A A A A A A A A A A A A A A A A A A A
giving rise to the above cause stating the underlying cause lest	
Brattis the dutiestank cape for	
H. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing deeth.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY1
	Yes No 🗀
21. FALEPNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CONTRIBUTING CONTRIBUTING OF Office bldg., etc.)  CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Dey) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not while Not work to at work to	
22. I cert by that I took charge of the remains described above, held an A	Autopsy , Inspection in Inquiry thereon and from the evidence wised died on the day stated above, and death in my opinion resulted
Hom: natural causes in arcident is suicide , homicide is	undetermined
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
VO Societ Cotto colland	-25017/11-KP/TANCON /2/10
IN CREMATION   DATE THEREOF   NAME OF CEMETE	CRY OR CREMATTRY   LOCATION (City, town, or county) (State)
Dioval Specify)	Col Part To Made
DATE R' CD BY LOCAL   REGISTRANC'S SIGNATURE	21. EUNERAL DIRECTOR / ADDRESS
REG.	Luna Il Curle V3CV Ha hart

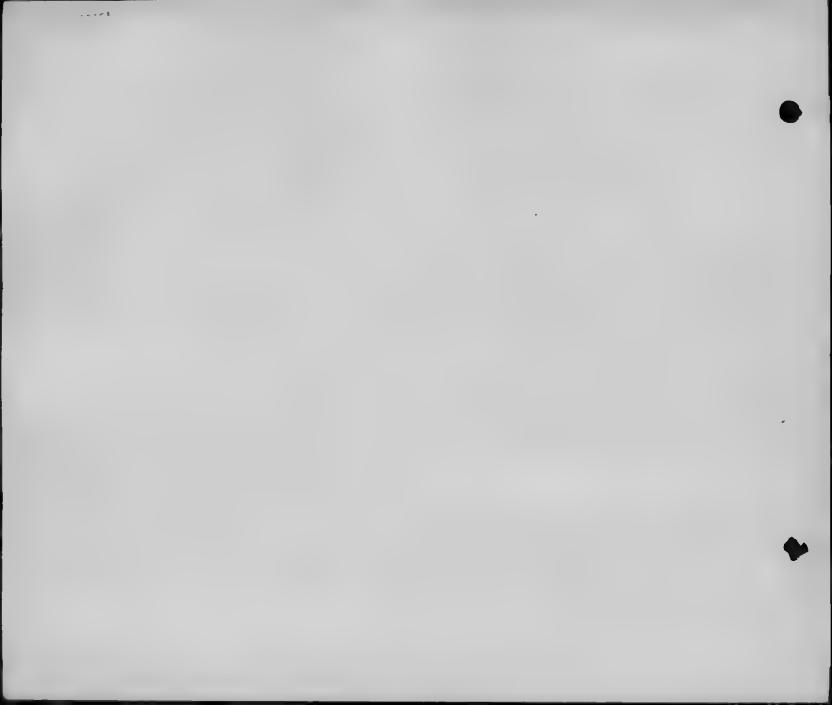
WRITE

TAKE.

correct age

Y. W.P. H. UNFADING INK. Supply every item of information carefully ly important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



#### CERTIFICATE OF DEATH

	3991 OFWITHOWIE	OF DEATH Reg. Dist.	No		
ly.	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
legibly	county Boltinore MARYLAND	state 1'dcounty Balti	nor <del>o</del>		
and le	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITYIII outside corporate limits, write RURAL s OR TOWN Ran dalls town	nd give nesrest town)		
early a	HOSPITAL OR INSTITUTION OR Briarstone Rd.	STREET (If rural give location) ADDRESS Briars tone Rd.			
of death clearly	DECEASED: (Type or Print) Henry Thomas So:	of Birth: 9. AGE last birthday Ir UNDER IV			
the causes	10A USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life.  even if retired: CON tractor and Builder  13 FATHER'S NAME	11. BIRTHPLACE (State or foreign country): 112.  L'aryland  14 MOTHER'S MAIDEN NAME:	CITIZEN OF WHAT COUNTRY?		
e t]	Thomas Sorrell	Unknovn			
se write	(Yes, no, or unk.) (If Yes, give war or dates of service)  16. Social Security No.	17. INFORMANT & ADDRESS: Lary Viola Spith - Briarstone	Rd.		
please	18. MEDICAL CERTIFICATI I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION	INTERVAL BETWEEN ONSET AND DEATH		
	442X Character	11 t 1/2 miles			
n.s	IMMEDIATE CAUSE (A) CHARLE TO	grunus - E chemia	J. 17105		
Physicians	ANTECEDENT CAUSE (8)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B)  OUT TO	of C.C. durane =			
1¢,	(c) repair	netypillency-	SYEARS		
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	1/6			
n Dc	194. DATE OF OPERATION:   198. MAJOR FINDINGS OF OPERATION	V	20. AUTOPSY?		
			YES NO		
especially	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	(State)		
is esp	21D TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?			
ΔJ.	22. I hereby certify that I attended the deceased from APRAL 1, 1951, to Max 27 1, 1955, that I last saw the deceased				
correct ag	SIGNATURE  23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE  REMOVAL (SPECIEV)	ERY OR CREMATORY LOCATION (City, town, or	TE SIGNED  //-/-55 county) (State)		
	DATE REC'D/BY LOCAL REGISTRAR'S SIGNATURE	sworth arracost - 4600 Liberty	ADDRESS		

OR WRITE PLAINLY, WITH UNFADING INK. PLEAME TYPE A15 - 10 - 53

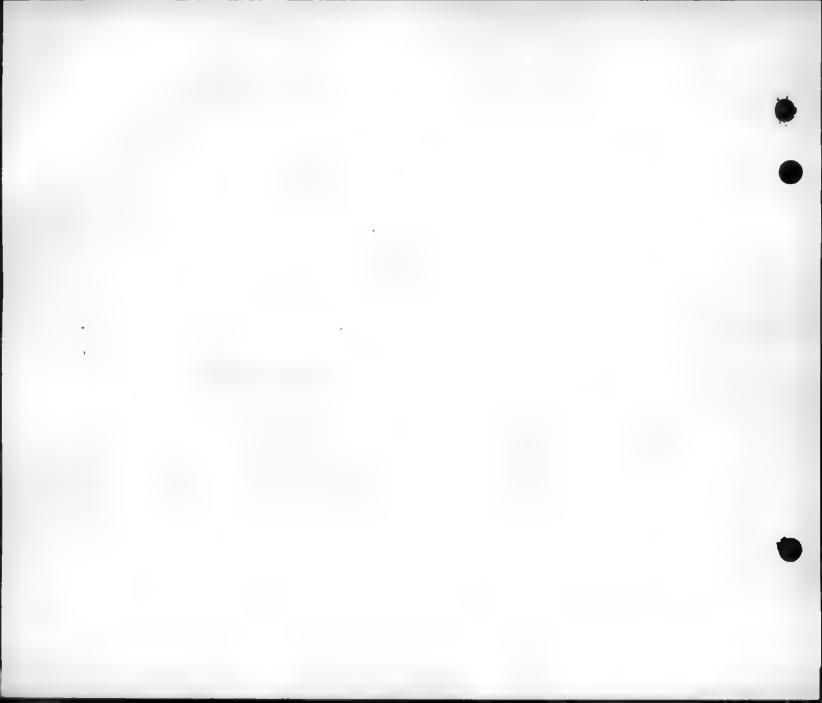
ZS.

MARGIN RESERVED FOR BINDING

The

Smpply svery item of information carefully.





93.95

2411 N. Charles Street, Baltimore

09554

### CERTIFICATE OF DEATH

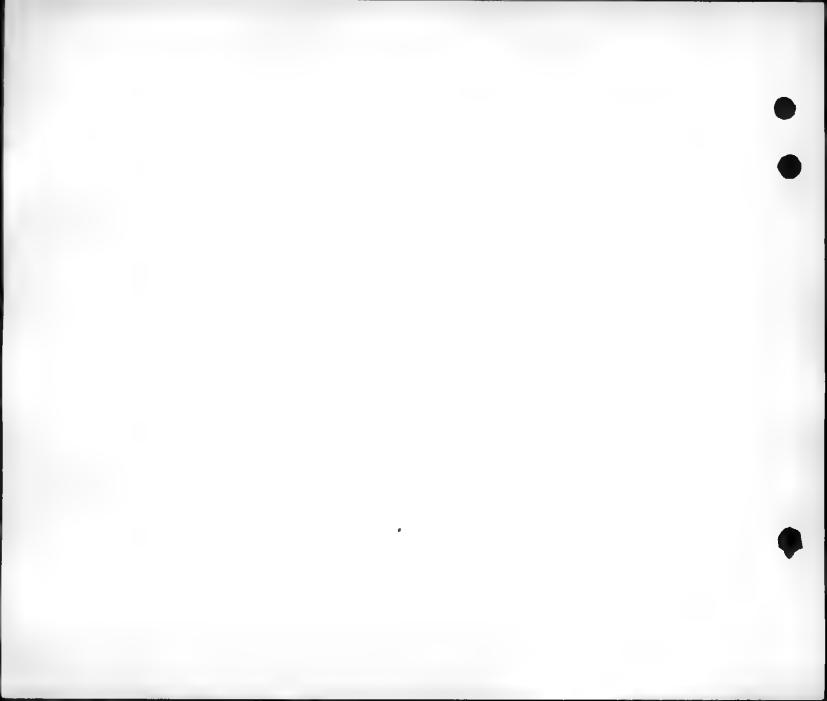
Reg. Dist. No. 42

S	Item 9, Film 187 10-19-55 et		
E	1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED-	Y 10 popum
.	MARYLAND MARYLAND	MARULANO	
25	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (In this place)	CITY (If conside corporate limits, write RURAL and g	ve nearest town)
36	HOSPITAL OR	STREET (If rural give location)	71
d le	INSTITUTION OR STREET ADDRESS 5100 Rehutus Rue	ADDRESS 100 RAPHEUS	AUES
y every item of information carefully.	3. NAME OF (Pirst) (Middle)	(Last) 4. DATE (Month) OF	(Day) (Year)
ear	6. SEX   6. COLOR OR RACE   7. SINGLE, MARKED,	18. DATE OF BIRTH 19. AGE last birthday   If und	= 55 19 or I year  If under 24 hr
nfor h cl	Male Wildwen, Divorced, (Specify Mark Cod	Jan: 18: 1899 66 Voty yrs. Month	Days Hours Min.
of   deat	10a. USUAL OCCUPATION (Give kind of work 10b. Kind or Business or dor during most of working life, even if retired)	11. EIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT
of	13 PATHER'S NAMEY	TH. MOTHER'S MAIDEN NAME	JIMIE.
ses	Napin aspalt	GALLES BOND	
au d	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17 NFORMANT	77
ev le c	(Yes, no, or unknown) (If yes, give war or dates of 11-12-3796-R	Wessie J. Spalt-5100 HA	butustes
Supply write th	IS. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
e t	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
Ø \$	Haul MVACA	ROIAL INFARCTION	5 hus.
INK. please	Immediate cause (a)		sman e
	Antecedent cause(8)	EP ARTERIOSCLEROSIO	
5 G	Diseases or conditions, if any, (b)		
cia 💢	stating the underlying cause last		
UNFADING t. Physicians:	II. OTHER SIGNIFICANT CONDITIONS		1
	Conditions contributing to the death hut not		
54	related to the disease or condition causing death.  194. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	1000	20. AUTOPSY?
E ta			Yes 🗆 No 🛭
, WITH UI	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNT)	(STATE)
MA	TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
Z is	OF   While at   Not While   INJURY   m.   Work   At work		
AI		255 11 4 8 255 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	41- 33
PL	22. I hereby certify that I attended the deceased from	1955, to 11 or 1955, that I last	
E .E	alive on // 19.55, and that death occurred at	m., from the causes and on the date a	tated above.
II	SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
WRITE PLAINLY is especially	George & Grallack MO	Chridge 21, mg 12	oct 55
	23. BURIAL CREMATION   DATE THEREOF   NAME OF CEMETE	ERY OR CREMATORY   LOCATION (City, town, or cou	nty) (State)
PLEASE	Outlan Oct: 14:55 Loudon	Carlens Hallimore.	14/0.
H	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	FUNERAL PIRECTOR	ADDRESS
1	11/1/3/03 1/1/1/ 12/20	THE WICKARD "I JAN COLL	ALIF CTAL

MARGIN RESERVED FOR BINDING

BENSON - THE

4025



#### MARYLAND STATE DEPARTMENT OF HEALTH

9553

2411 N. Charles Street, Baltimere

### CERTIFICATE OF DEATH

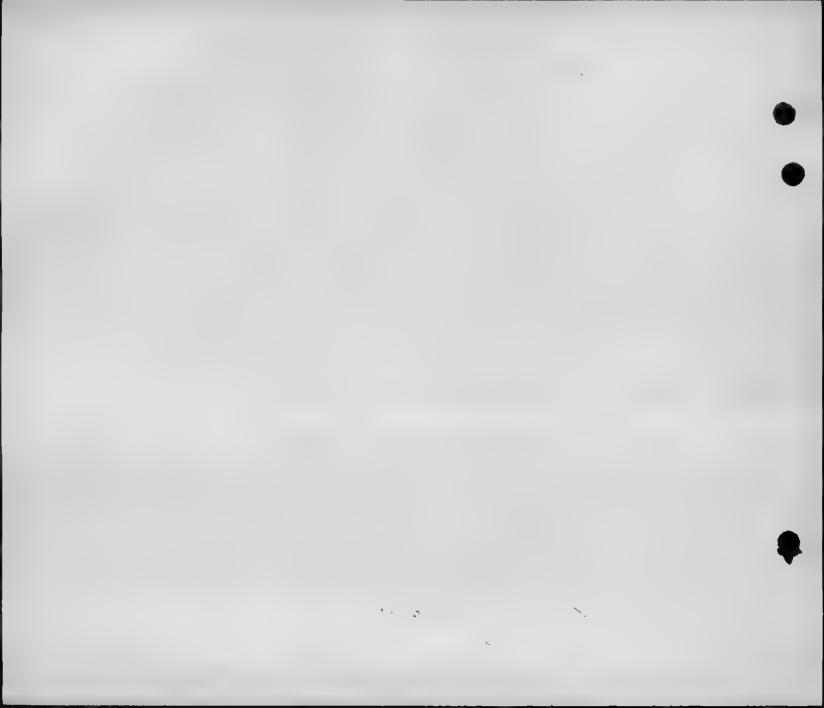
Reg. Dist. No.....

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.		
(Jalleyeore MARYLAND	Hary land Balleners		
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	CITY (If outside corporate limits, write RURAL and give nearest town)		
7- TOWN Noteth Cliff of Towson	TOWN Noteh cliff war Towson X		
HOSPITAL OR	STREET (If rural, give location)		
INSTITUTION OR STREET ADDRESS VIPPA Maria Glegory Rd	ADDRESS Grenarm Rd		
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)		
DEALERSEU /	OP.		
(Type or Print) Sister Mary Rodriguez Dolis 6. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.			
WIDOWED, DIVORCED,			
Tourale While (Specify) Single  100. USUAL OCCUPATION (Give kind of work 100. Kind or Business on	March 2, 1882 23 yrs. Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work 10b. Kind or Business on done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT		
120 CACY 1 1/6 - 160 S	Philodelpaia Pa Counters U.S.A.		
18. FATHER'S NAME	14. MOTHER'S MAIDEN 'NAME		
Adam Speiner	Theresa Hofzer		
15. WAS DECRASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT AND RODRESS Note & CFIFF, Dr. Mary Clara Villo Harya Md.		
(Yes, no, or unknown) (If yes, give war of dates of service)	Dr. Mary Clara Villo Maria Md.		
18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN		
I, DISEASES ON CONDITIONS DIRECTED LEADING TO DEATH	ONSET AND DEATS		
Immediate cause (s) Oyonary	colusion. Sudden . 24 has		
Immediate cause (a) Orongry	and thelan .		
Antecedent cause(s)			
Diseases or conditions, if any, (b)	7770 18.0 12.51/251 18.0 d.		
stating the underlying cause last			
(e)			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY!		
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)		
SUICIDE OF office bidg., etc.)	(SIAIE)		
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR!		
OF While at Not While	HOW DID INJURI OCCUR!		
INJURY m.   Work  At work			
On I havely south that I strended the descend from 1440 a. I	30 FA 4 Ach 14 20 FF 13 4 7 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
22. I hereby cortify that I attended the deceased from Man. I, 1950, to Oct 14, 1955, that I last saw the deceased			
alive on Och. 13, 1955, and that death occurred at /	2. 55 Pm. from the causes and on the date stated shows		
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED		
Mak lections bleach	11 0 01		
Villacely Unounter min	7501 York Rd. 10/14/5%		
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	(prese)		
REMOVAR SPAY 10-17-55 VILLA MA	RIA CEM, NOTCH CLIFF NR TOWSON NO		
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR, 901 S. CONKEDPRESS ST.		
(Malaten 15 1955) \$1.111.	Charles S, Seller BALTO, LU. MD.		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct

VS. A15



NO STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY MARYLAND STATE - COUNTY CITY (If patsile comporate limits write RURAL and give nearest town) CITY (II outside corporate limits, write RURAL OR she give nearest town) LENGTH OF STAY carefully and leg (In this place) TOWN TOWN HOSPITAL OR STREET (If rural, give location) ADDRESS STREET ADDRESS madear NAME OF (First (Middle) (Last) -4. DATE (Day) (Year) DECEASED: (Type or Print) DEATI1 19 1 7. SINGLE, MARRIED 8. DATE OF 6. COLOR PR BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR | IF UNDER 24 HRS WIDOWED, DIVORCED Monthsi (Specify) Marries 60b. KIND OF BUSINESS OR (Give kind of II. BIRTHPLACE (State or for agn 12. CITIZEN OF WILAT untry): work done during most of work life, COUNTRY 2 even if retired): 13. FATHER'S NAME: MAIDEN NAME: Supply ev 15. WAS DECEASED EVER IN U.S. ARMED FORCE 16. SOCIAL SECURITY No.: 17. INFORMANT (Yes, no, or unk.) (If Yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH Immediate cause DUE TO Antecedent cause(s) (b)..... Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY 7 Yes No No 21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, 21c. (City or town) (County) (State) PLAINLY, PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. street, office bldg., etc., INJURY 21f. HOW DID INJURY OCCUR? 21d. TIME, (Month) (Day) (Year) (Hour) | 21c. INJURY OCCURRED work at work 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and RITE is est find that death resulted from: Natural causes / Accident | Suicide | Homicide | Undetermined cause | ONIED MANICOT TY MINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM SIGNATURE X Se M. D. 23, BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LQCATION (City, Jown) or county SE 24 FUNERAL DIRECTOR DATE REC'D BY LOCAL REG. 19-11-15





# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

0550 CERTIFICATE OF DEATH

	JJJU CHARLETCHEL	C C I DIARITE Reg. Dist. No.	<u> </u>
ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
legibly	COUNTY Baltimore MARYLAND	STATE Md. COUNTY BALTI	mare.
l le	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and gi	ve nearest town)
and	Y TOWN (in this place)	TOWN Parkton	X
	HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	7
clearly	M STREET ADDRESS Main ST.	Main of.	
	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
death	(Type or Print) / easan A.	ffler DEATH OCTOBEY /	7. 1955.
	5. SEX; 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday th under 1 YEAR Months Days	Hours   Min.
s of	Male White son arried Augus	1/3/8/4 8/ yrs.	
causes	work done during most of working life. SIND OF BUSINESS OR JADUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITI	EN OF WHAT
caı	"Main carrier 4. S. Mail	Parkton, Md. U.S	, A.
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
te 1	John Stiffler.	Darah Saublil	<u>z</u>
wri	18. Was DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. (Yes, no or unk.) (If Yes, give war or dates	TO THE ORMANT & ADDRESS OF THE PARTY OF THE	- Om/
se	//O   of service)	Mrs. Class uppler tous to	20, 00 lov
please write	18. MEDICAL CERTIFICAT  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ERVAL BETWEEN
	153x Cours	14 ~ 0	
ns:	IMMEDIATE CAUSE (A)	oma y ene Calon	
icia	ANTECEDENT CAUSE (S)		
Physicians:	GIVING RISE TO THE ABOVE CAUSE DUE TO		
	STATING UNDERLYING CAUSE LAST.		
nt.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
rta	TO THE DEATH BUT NOT RELATED TO THE		
00	DISEASE OR CONDITION CAUSING DEATH.		
important.	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	20	AUTOPSY7
		YE	s No Z
pecially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of Contributing Cause of Death of Injury street, office bldg. (If Either, Notify Medical Examiner)	etery. 21c. WHERE DID (City or town) (County) INJURY OCCUR?	(State)
esp	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRE	D   21F. HOW DID INJURY OCCUR?	
87	OF INJURY  M. at work at work		
age	22. I hereby certify that I attended the deceased from , 1954, to Oer. 17, 1954, that I last saw the deceased		
	alive on P	2,00AM, from the causes and on the date state	
correct	(	10 & whiten Ind. 10/19	15-5-
00	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR GREMATORY   LOCATION (City, town, or coun	(State)
	Burial. Ud. 20, 1933, Fine Caro	we emetery forkton	Md.
	DATE REC'D BY LOCAL RECOSTATE'S SIGNATURE	24 FUNERAL DIRECTOR	DRE95

VS. A15-10-53



...

09558

Reg. Dist.

120	MEDICAL EXAMINER'S CEI	KEIFICATE OF DEATH	No. J 0
70	I. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASEDAD	~
Fig	COUNTY Sallinge MARYLAND	STATE MA COUNTY /Salta	more
liy.	CITY (If outside corporate limits, write RURAL LENGTH OF STA OR and give nearest town)	OR	nd give nearest town)
efu 1	TOWN Cockeystill Chouse	TOWN Treeland	N <sub>ts</sub>
r car	MOSPITAL OR INSTITUTION OR BELLING County Police Station	STREET ADDRESS Ruh (If rural, give location	) /
information carefully. T	3. NAME OF DECEASED: (First). (Middle) (Type or Print) (Type or Print)	Hiffler OF DEATH (Month) (D.	(Year) (Year) 1955
	5. SEX: 6. COLOR, OR RACK: WIDOWED, DIVORCED, (Specify): Married Wove		YEAR IF UNDER 24 HRS. Days Hours Min.
0 d d	work done during most of work life, even if retired) Mechanic.	OR 11. MRTHPLACE (State or foreign country): I	COUNTRY!
every iten he causes	13. FATHER'S NAME: Arthur Stiffler.	14. MOTHER'S MAIDEN NAME:	
Supply ever	15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, not of unk.) (If Yes, give war or dates of service)	17 NY ORMANT & ADDRESS:	Rank PA
	10 MEDI	CAL CERTIFICATION//	2/1/1/1/200
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	CAL CERUPICATION	INTERVAL BETWEEN
INK. please	774X 11,11 1-4: -	tranquation by hanging	ONSET AND DEATH
E I	Immediate cause (a)	manginary my manging	Zugary
<u>ت</u> ا	Antecedent cause(s)		
	Diseases or conditions, if any, (b)		
AD	giving rise to the above cause DUE TO		
YSI	stating underlying cause last (c)		}
H UNFADING t. Physicians:	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ic aloholisim	lukama
WITH	198. DATE OF OPERATION: 198. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
LY, imp	21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., et INJURY		(State)
PLAIN pecially	21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED While at Not while INJURY M.   work   at work	21f. HOW DID INJURY OCCUR?	
PĽ	22. I hereby certify that I took charge of the remains descri	ibed above, held an Autopsy 🔲 , Inspection 🛭	Inquiry , and
된 (8	find that death-resulted from: Natural causes [], Acc		ermined cause 🗌 .
WRITE ge is es	SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	DATE SIGNED
ent.	23 BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETI		county) (State)
PLEASE	Buria (Specify): October 1953. Stilt	z Cemetery Glen Rock Pa	r. R.D.3.
L E	DATE REC'D BY LOCAL REGISTRAR SIGNATURE	THE	ADDRESS
러	10/8/55 Karlester & Section	- Y- Xarow Nanumarem New	JULULUM Va

VS. A15A - 5 - 53



(Day)

Days

(Year)

IF UNDER 24 HRB.

Hours

INTERVAL

CITIZEN OF WHAT

ONSET AND DEATH

20. AUTOPSY

(County)

DATE SIGNED

ADDRESS

NO

(State)

(State)

A15 ξĎ.

PLEA

REMOVAL (SPECIFY)

DATE REC'D BY

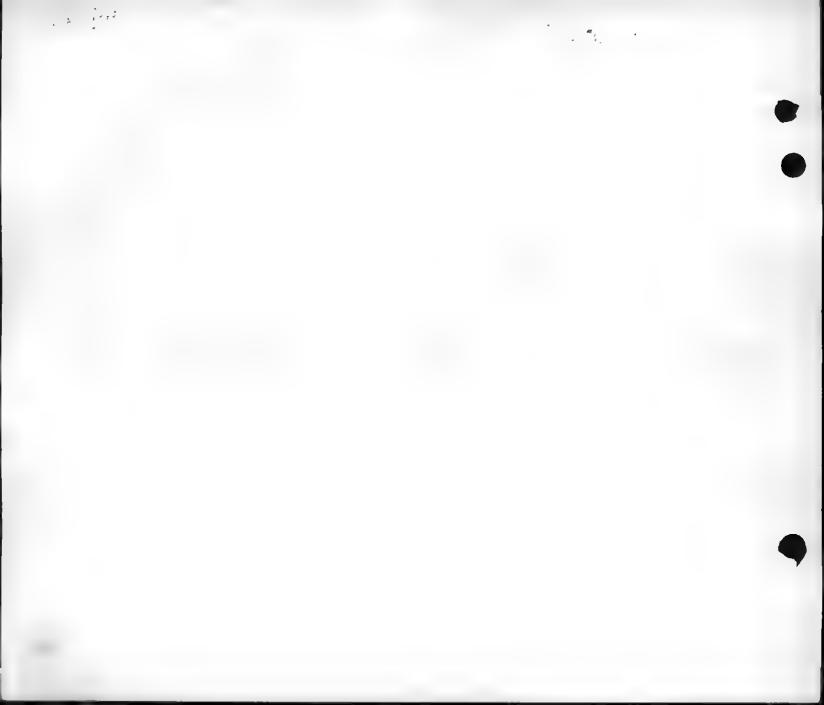


FUNERITU HOME

ULLRICH

DUNDHUK

'S. A15





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF Reg. Dist. No. USUAL RESIDENCE (HOME) OF DECEASED. I. PLACE OF DEATH: COUNTY STATE MARYLAND CITY (If outside corporate limits, write RURAL and give CITY (If outside corporate limits, write RURAL| LENGTH OF STAY carefully. OR and give nearest town) OR TOWN (in this place) NDALK and HOSPITAL OR INSTITUTION OR STREET (If rural give location) ADDRESS STREET ADDRESS information 3. NAME OF (Day) DECEASED: (Type or Print) DEATH: death 9. AGE last birthday : IF UNDER I YEAR IF UNDER 24 HRS OF BIRTH: 6. COLOR OR 7. SINGLE, MARRIED, RACE: WIDOWED, DIVORCED, Months | Days (Specify): 10b. KIND OF BUSINESS OR οĘ (State or foreign country): |12. CITIZEN OF 10a. USUAL OCCUPATION Give kind of 11. BIRTHPLACE COUNTRY? work done during most of working life. INDUSTRY: item FOR BINDING even if retired): 57Am?ER MARYLAND causes 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: 15 WAS DECEASED EVER IN U.S. ARMED FORCES ? | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of Supply write t 1 AULTIN service) Interval Between I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death CORONARY THROMBOSIS X. 4201 Z Immediate cause DUE TO ARTERWSULEROTIC (.V. DISEASE Antecedent causes (s) Physicians Disesses or conditions, if any, (b) giving rise to the above cause stating the underlying cause last. DUE TO 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. WITH 20. AUTOPSY ? 19a, DATE OF OPERATION: 1 19b. MAJOR FINDINGS OF OPERATION importan (STATE) (CITY OR TOWN) (COUNTY) 21. ACCIDENT PLACE (Home, farm, factory, street, (Specify) SUICIDE office bldg., etc.) PLAINLY HOMICIDE TIME (Month) (Day) HOW DID INJURY OCCUR? (Year) (Hour) INJURY OCCURED Not While While at especiall INJURY Work [ At Work OCAL 1955, that I last saw the deceased 22. I hereby certify that I attended the deceased from [2] from the causes and on the date stated above. and that death occurred at WRIT DATE/SIGNED (State) LOCATION (City, town, or county) CO <, ADDRESS DATE REC'D BY REGISTRAR'S FUNERAL DIRECTOR [E



this this

with the registrar within 72 hours after death. After tilled in by the funeral director, the third copy of

TO INVERAL DIRECTOR The law requires that the death certificate se filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

Shipped to: Garnes & Williams, Henderson, N. Carolina

The bottom copy may be retained by the hospital or attending physician.

ATTENDING

9

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 9551 CERTIFICATE OF DEATH

09563

1. PLACE OF DEATH		1 2. USUAL RESIDE	NCE (HOME) OF DECEAS	st. No. 4.4
Paltimano		STATE Marylan		bimane.
CITY Ill outside comprete limits write PLIPAL	MARYLAND  I LENGTH OF STAY		crete limits, write RURAL and give a	parast (own)
OR end give necrest lown)  YOWN Fort Howard	(in this plece)	OR	imore	3401-4
HOSPITAL OR	Too etaly a	STREET	(if rural give location	
STREET ADDRESS Veterans Administr	ation Hospital	ADDRESS 1618 W	. Fayette Street	
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) LESTER	ut.	ERRY	DEATH Octobe	r 24 19 55
5. SEX   6. COLOR OR   7. SINGLE, MARR.	ED. I 8. DATE O			ER 1 YEAR   IF UNDER 24 HR
RACE WIDOWED, DIV	ORCED.	28/22	32 yrs. Months	Days Hours Min.
Male   Negro   Specify Si		11. BIRTHPLACE (State or fore		12. CITIZEN OF WHAT
done during most of working life, even if OR	INDUSTRY	Vance Coun	ty	COUNTRY?
3. FATHER'S NAME		North Caro		U.S.A.
Andrew Terry  5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16	. SOCIAL SECURITY NO.	Flora Eat		
(Yas, no, or unk.) (If Yes, give wer or dates of service)				
Yes WW II	Unknown		ecVet.Adm.Hosp	I INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TOT MADIONE OFF	THE TOTAL PORT OF THE PART OF		ONSET AND DEATH
-81.1 IMMEDIATE CAUSE (A) LAEN	NEC'S CIRRHOSI	S		UNKNOWN
ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO				
STATING UNDERLYING CAUSE LAST. DUE TO				
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				TINGCHYOTHAL
TO THE DEATH BUT NOT DELATED TO THE SEA TO THE	UTRITION, SEVE	PRE		UNKNOWN
TO THE DEATH BUT NOT RELATED TO THE MAIN				
DISEASE OR CONDITION CAUSING DEATH.	OF OPERATION		· · · · · · · · · · · · · · · · · · ·	20. AUTOPSY?
DISFASE OR COND TION CAUSING DEATH.  198. DATE OF OPERATION  199. MAJOR FINDINGS		14 WHERE DID MILION OCCU	D2 (Chrone town)	YES NO X
DISTASE OR COND TION CAUSING DEATH.  199. DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING 216. PLACE (Homore Contributing 2 CAUSE OF DEATH 2 OF INJURY street,	a, farm, factory,   2	Te. WHERE DID INJURY OCCU	R? (City or town) (Co	
PS. DATE OF OPERATION 19b. MAJOR FINDINGS  11e. ACCIDENT WAS UNDERLYING 27b. PLACE (Hom OF INJURY Street, of TENTHER, NOTIFY MEDICAL EXAMINER)  11d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e.	s, larm, factory, 2  thice bidg., etc.)	16. WHERE DID INJURY OCCU		YES NO DE
DISFASE OR COND TION CAUSING DEATH.  199. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING   21b. PLACE (Hom OF INJURY street, of INJURY street, of INJURY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. Whith	s, larm, factory, 2 thice bidg., etc.)			YES NO DE
DISFASE OR COND TION CAUSING DEATH.  179. DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING  DR CONTRIBUTING  CAUSE OF DEATH  OF INJURY street, of Injury stre	INJURY OCCURRED Not while ork et work	211, HOW DID INJURY OCCU	IR?	YES NO Stunty) (State)
PS. DATE OF OPERATION 19b. MAJOR FINDINGS  PS. DATE OF OPERATION 19b. MAJOR FINDINGS  PS. ACCIDENT WAS UNDERLYING 1 27b. PLACE (Home of Contributing 1 CAUSE OF DEATH OF INJURY street, of the property of the	in, farm, factory, office bidg., etc.)  INJURY OCCURRED le Not while ork et work et wo	211. HOW DID INJURY OCCU	ober 2419.55	VES NO X
DISFASE OR COND TION CAUSING DEATH.  9. DATE OF OPERATION  19b. MAJOR FINDINGS  10c. ACCIDENT WAS UNDERLYING   21b. PLACE (Homore Contributing   CAUSE OF DEATH OF INJURY street, of Injury Month)  10d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)  11d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)	in, farm, factory, office bidg., etc.)  INJURY OCCURRED le Not while ork et work et wo	L3, 1955, to Oct	ober 2419.55	YES NO X unity) (State)  (Viscing over the decrease above.  DATE SIGNE
DISEASE OR COND TION CAUSING DEATH.  19b. MAJOR FINDINGS  10c. ACCIDENT WAS UNDERLYING 12b. PLACE (Hom. OF INJURY Street, of the property of t	injury occurred at.	L3, 1955, to Oct 1:30PM, from the	causes and on the date star RESS (Street, city, town, state)	YES NO X (State)  (State)  (State)
DISFASE OR COND TION CAUSING DEATH.  19. DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING 1 216. PLACE (Homore Contributing 1 CAUSE OF DEATH OF INJURY Street, of INJURY MEDICAL EXAMINER)  216. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 216. Whit all will will be a second attended the decent of the contribution of Injury Street, of Injury (Month) (Dey) (Yeer) (Hour) 216. Whit all will be a second of the contribution of Injury Street, of Injury Street, of Injury (Month) (Dey) (Yeer) (Hour) 216. Whit all will be a second of the contribution of Injury Street, of Injury (Month) (Dey) (Yeer) (Hour) 216. Whit all will be a second of the contribution of Injury Street, of Injury	injury occurred at.	13, 155, to Oct 1:30PM, from the ADD	causes and on the date star RESS (Street, city, town, state)	vres No X unity) (State)  Colorida Control Control unity) (State)  Colorida Control unity) (State)
DISFASE OR COND TION CAUSING DEATH.  199. DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING   216. PLACE (Homore Contributing   CAUSE OF DEATH OF INJURY street, of INJURY street, of INJURY (Month) (Dey) (Yeer) (Hour) 216. Whit at which is the contribution of Injury 216. Whit is the contribution of Injury 216. White I	INJURY OCCURRED Not while est work asset from October	13, 195, to Oct 1:30PM, from the ADD VICE VAH, FORT	causes and on the date statement of the courses (Street, city, town, state) HOWARD, MARYLAI LOCATION (City, town, or coun	VES NO (State)  No (State)  No (State)  No (State)
DISFASE OR COND TION CAUSING DEATH.  9. DATE OF OPERATION  19b. MAJOR FINDINGS  10c. ACCIDENT WAS UNDERLYING   21b. PLACE (Homore Contributing   CAUSE OF DEATH   OF INJURY street, of the contribution of Injury street, of Injury st	INJURY OCCURRED Seed from October  That death occurred at  INAME OF CEMETERY OR Antioch Ceme	13, 1955, to Oct 1:30PM, from the ADD VICE VAH, FORT CREMATORY 1 25, RUNERAL DIRECTOR'S	cober 2119.55 the causes and on the date states (Street, city, town, state). HOWARD, MARYLAI	vits No X unity) (State)  Colorida above.  DATE SIGNE:  No X  Colorida above.  State  No X  Carolina  Address

Ave., Baltimore 1,



TO ATTENDING

09564

### CERTIFICATE OF DEATH 9552

Reg. Dist. No.

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED		
	COUNTY Baltin ore MARYLAND	MJ		
		STATE / / CI. COUNTY DAL /2		
	CITY (If outside corporate timits, write RURAL LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL end give neerest town)		
	X TOWN Mouk ton MILLYIS	TOWN Phochilx		
	HOSPITAL OR	STREET (If sural give location)		
	INSTITUTION OR (1)	ADDRESS D		
	STREET ADDRESS COPORITION	Carroll Rd		
	3. NAME OF (First) (Middle)	(Lest) (Day) (Year)		
	(Type or Print) Louis Gartield	OF O. H		
	Clar , , e. G	1930		
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	The state of the s		
	Male Calared (Specify) 1. 2 places 11 5	Months Deys Hours Min.		
	100. USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS	7- (0)		
	done during most of working life, even if // OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CIT ZEN OF WHAT COUNTRY?		
	retired) Farmer et &abosos	Cayville Date Co.Md 245/7		
	13. FATHER'S NAME	1/14. MOTHER'S MAIDEN NAME		
	Total Thomas	75 11. 70 0		
	V 0 - CV1 / F10 FF1 C D	Menrietta Doslew		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS		
	(Yes, no, or upt.) (If Yes, give war or dates of service)	54 F Hil Lillian thomas Though Md		
	10 Ministration	1 1-1-10 / / / / / / / / / / / / / / / / / / /		
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH		
	4201 (Cakenea by	Made		
	IMMEDIATE CAUSE (A)	Occusion fair manes		
	ANTECEDENT CAUSE(S) DUE TO	at. alimin day 71/1		
	DISEASES OR CONDITIONS, IF ANY, (B)	angua pravoces over 1 years		
	STATING UNDERLYING CAUSE LAST, DUE TO			
	(C)			
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,			
	196. DATE OF OPERATION   196. MAJOR FINDINGS OF OPERATION			
	178. DATE OF OPERATION	20. AUTOPSY?		
	21a. ACCIDENT WAS UNDERLYING     21b. PLACE (Home, farm, fectory,     2	YES NO		
	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING 2 CAUSE OF DEATH   OF INJURY street, office bidg., etc.]	Ic, WHERE DID INJURY OCCUR? (City or town) (County) (State)		
	(IF EITHER, NOTIFY MEDICAL EXAMINER)			
		2 If. HOW DID INJURY OCCUR?		
	M. at work as work			
	22. I hereby certify that I attended the deceased from I am	H8 101 1 50		
	The deceased Holling	19. 10. , to least saw the deceased		
	alive on	72.753 f.M., from the causes and on the date stated above.		
₩ 0,4	SIGNATURE /	ADDRESS (Street, city, town, state) DATE SIGNED		
ا يّ	Modern / Celo	Cacherelle hed 77 Daliace		
Ž.	23. BURIAL, CREMATION, DATE THEREOF NAME OF GENETERY OR	COEMATORY - LOCATION OF THE PARTY OF THE PAR		
ပ္က	REMOVAL (SPECIFY)	CREMATORY (City, town, or county)		
₹	Diville 10-12-22 XI Like	2 MOLKIAMISH HOROLANDA DALIOTA MICA.		
S.	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25; FUNERAL DIRECTOR'S SIGNATURE / ADDRESS		
	Cotos 10 - 5 9. Some lett & some	the sife will the the shall		
	DATE WEST LL, 1955 IN COCRATAIN NO WHILE	+ ANT I HOUSE SHOULD PILL		



The

of death clearly and legibly.

causes

the

write

please

Physicians:

important.

especially

107

age TYPE

correct

PLEASE

DATE REC'D

BURIAL CREMATIC

REMOVAL (SPECIFY

MARYLAND STATE DEPARTMENT	T OF HEALTH—BALTIMORE, 18 119565
9398 CERTIFICATE	C OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Ballemond MARYLAND	STATE Med COUNTY Thrusand
CITY (If outside corporate limits, write RURAL CINGTH OF STAY OR and give nearest town)	CITY If outside corporate limits, write HUHAL and give nearest town) OR TOWN
HOSPITAL OR 1906 Marth Laster Prince Typopees nursing	STREET ADDRESS /If rural give location) R. J.O.
3. NAME OF (First) (Middle) DECEASED: (Middle)	(Last) 4. DATE (Month) (Day) (Year)
Type or Print AMU 5	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
made Colonical WIDOWED, DIVORCED, (Specify)	3 / 18 70 Sell yrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS work done during most of working life, even if retired)	BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME:
Junknow	Jent non.
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs nace B. Kegin
18. MEDICAL CERTIFICATI	THE MALE BETWEEN
Diseases or conditions directly Leading to Death	A POLICE TO A POLICE ON SET AND DEATH
IMMEDIATE CAUSE (A)	TONKO MICHAEL
DISEASES OR CONDITIONS, IF ANY, (B)	Icleraux, Heffertoutiera
STATING UNDERLYING CAUSE LAST.	12 10
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.  19A DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATION	
198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory, 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
21D. Time (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED While While at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	1997, told 19 1 hat I last saw the deceased
	M, from the causes and on the date stated above.  ADDRESS  DATE SIGNED

FUNERAL DIRECTO

jown, or

OF

VS. A15-10-53

in the 1

the tree the xee

---

We man

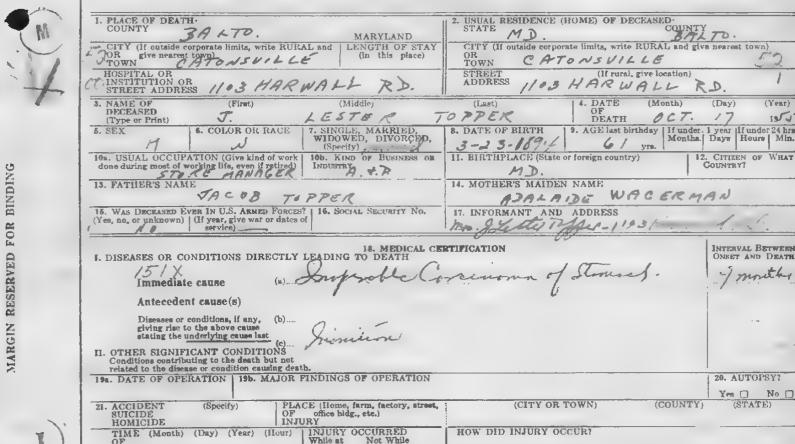
, 0

Polting 200 41

# MARYLAND

## CERTIFICATE OF DEATH

Reg. Dist. No.,





ĬŃJURY

2..., 1955..., that I last saw the deceased 22. I hereby certify that I attended the deceased from.,,

..., and that death occurred at ... 8 alive on..... SIGNATURE

23. BURIAL, CREMATION LOCATION (City, town or county)

At work [

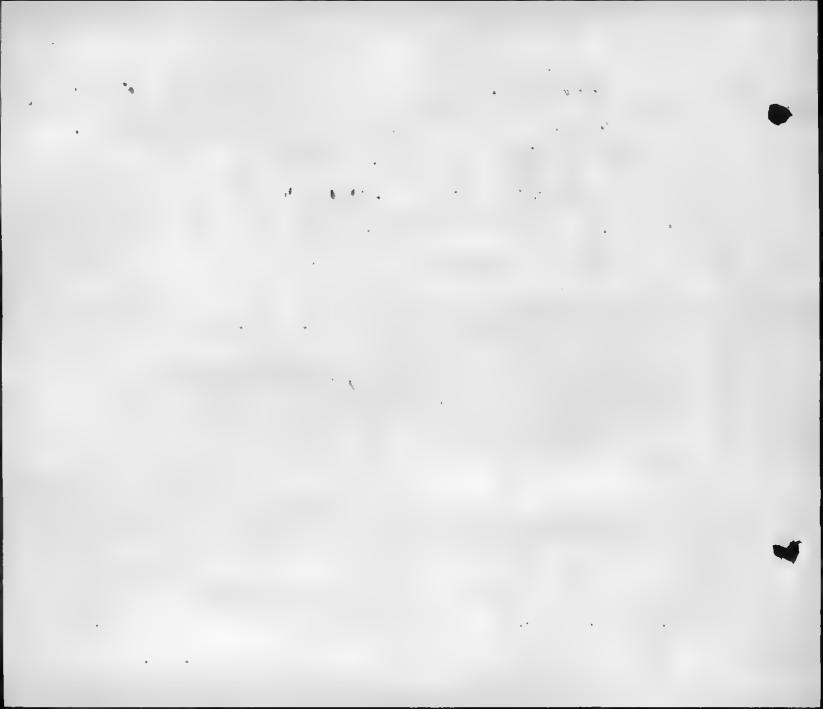
24. FUNERAL DIRECTOR

ADDRESS

2. V Lordin

(State)

1. PLACE OF DEATH legibly COUNTY CITY (If outside corporate limits, write RURAL OR and and give mearest town) information 52 TOWN HOSPITAL OR clearly INSTITUTION OR STREET ADDRESS 3. NAME OF eath of DECEASED (Type or Print) item Ť οĘ every causes 10A USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. pply 13. FATHER'S NAME g) Thomas Vinton S te IS. WAS DECEASED EVER IN U.S. ARMED FORCEST ᅜ (Yes, no or unk.) (If Yes, give war or dates ease DING 7 I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Physicians IMMEDIATE CAUSE ANTECEDENT CAUSE (6) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. H 3 nt. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: AI. H 21A. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH RITI (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 8/1 04 0 22. I hereby certify, that I attended the deceased from / M, from the causes and on the date stated above. 圍 ø alive on /. C and that death occurred at C 0 rect ADDRESS ĮŽ SIGNATURE BS 23. BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) DATE REMOVAL (SPECIFY) ₹ Loudon Park Cem. Balto. [6] FUNERAL DIRECTOR DATE REC'D BY LOCAL SIGNATURE REGISTRAR





REGISTRAR



# 9557 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

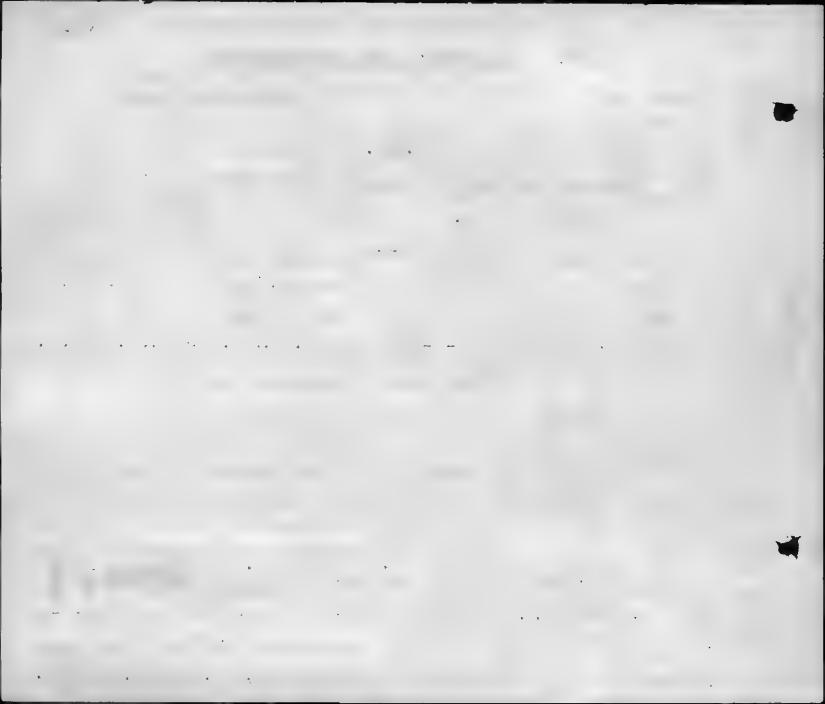
BATTET A A T	TOTAL A SUPERSTRATE ACT	CHARMITATOLAMIA	OTA	TAXA A PRINT	
MEDICAL	EXAMILINER'S	CERTIFICATE	OF	DEATH	7

당	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	teg. Dist.
orre	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No*
e	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
The ly.	COUNTY SALTIMONE MARYLAND STATE Ald COUNTY	
carefully. T	CITY (If outside corporate limits, write RURAL of STAY (in this place)  OR and give nearest town)  OR TOWN  OR	give nearest town)
0	HOSPITAL OR STREET ADDRESS Spring Grove State HSP STREET ADDRESS 2 6 E Maple fol.	✓
infarmation leath clearly	2. NAME OF DECEASED: (Middle) (Last) (Last) (Last) (Month) (Day) (Type or Print) (Type or Print) (Middle) (Last) (Last) (Last) (Last) (Last) (Last) (Last) (DEATH / C - Z 3	(Year)
4L 'O	6. COLOR OR RACE WIDOWED, DIVORCED, S. DATE OF BIRTIR: 9. AGE last birthday: IF UNDER I YE (Specify): 7? 7. Months Day	a llours Min.
of of	work done during most of work life. INDUSTRY: account refined: 115. Hyen the Insurance	COUNTRY?
y it	13. FATHER'S NAME:	
CE	W///_ David P. Webster W///H. Martha Washington	n Shores
ply every iten te the causes	15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS:  (Yes, no, or unk.) (If Yes, give war or dates of service)  Service)  16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS:  (Yes, no, or unk.) (If Yes, give war or dates of service)	95# Z
Supply	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEATH
INK.	Inimediate cause (a) Terminal pneumonia	5 days
UNFADING Physicians:	Antecedent cause(s)  Diseases or conditions, if any, (b) Decumitus gangrene	2 months
ian ian	giving rise to the above cause DUE TO	than
F.A	stating underlying cause last (c) Fracture left hip	3 months
S.E.	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
田中	DISEASE OR CONDITION CAUSING DEATH. Hypertensive cardiovascular disease	years
LY, WITH important.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
<b>₽</b> ₽~		Yes [] No []
N E	21a. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING CAUSE OF DEATH.  21b. PLACE (Home, farm, factory, office bldg., etc., offic	(State)
Z	CAUSE OF DEATH. INJURY Hospward Catonsville Baltimore 21d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?	Md.
PLAI peciall	OF INJURY July 29, 1955 A. While at work Another patient pushed him to fell to floor  22. I hereby certify that I took charge of the remains described above, held an Autopsy . Inspection .	ausing
	22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [],	Inquiry , and
ITE Is es	find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undeterm	nined cause []. DATE SIGNED
WRIT ge is	George S. M. Kieffer, M.D. M. D. ASSISTANT MEDICAL EXAMINER  M. D. ASSISTANT MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  M. D. ASSISTANT MEDICAL EXAM.	DATE SIGNED
ASE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or course removal (Specify): 10.26.55 St. Johns Ellicott City.	nty) (State)
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ADDRESS
PI	1024/25 VI. IN Al a dreen IIIM. I Wallet & Stus. De	also 17.

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING





MARGIN MESERVED FOR BINDING

VS. A15-10-53

### 09573 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9569 CERTIFICATE OF DEATH Reg. Dist. No.

	I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASE	D:		
ror Sar	county Baltimore MARYLAND	STATE INd. COUNTY Bal	timore		
	CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	CITY If outside corporate limits, write RURAL			
BUR	OR and give nearest town) (in this place)	OR TOWN Townson			
4	10//3011	701/2011			
2	HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS			
cicariy	STREET ADDRESS 912 Julaney Court Apt's	912 Dulaney Court Ap's	SS		
Š		The state of the s	Day) (Year)		
death	DECEASED:	OF			
<u>ت</u>	(Type or Print) Mary G. Welsh	OF BIRTH:  9. AGE last birthday   IF UNDER 11			
7	PACE: WIDOWED DIVORCED	Months   D			
0	female white Specific vorced Oct.	27, 1885 69 угв.	, , , , , , , , , , , , , , , , , , , ,		
E2 90	[IOA USUAL OCCUPATION [Give kind of] 108 KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):  12.	CITIZEN OF WHAT		
causes	work done during most of working life, even if retired; even if rousewife at home		U.S.A.		
ව ව	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	U.O.H.		
5					
9	William Hamilton	Catherine Gunn			
write	15. WAS DECEASED EVER IN U.S. ARNED FORCES! 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:			
	(Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs. Robit F. Strangmann 7101	Bristol Rd		
6886 -	18. MEDICAL CERTIFICAT		INTERVAL SETWEEN		
d,	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	y artery occlusion	ONSET AND DEATH		
* *	420.1 (mman)	, arlery occusion	moertan		
	IMMEDIATE CAUSE (A)	7	-		
2	ANTECEDENT CAUSE (8)				
ys:	DISEASES OR CONDITIONS, IF ANY, (B)				
Physicians	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.				
	(C)				
ımportant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		T		
i c	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
ğ	19A. DATE OF OPERATION: 1 198, MAJOR FINDINGS OF OPERATION	N .	20. AUTOPSY?		
5			YES NO PST		
5					
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory, 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	ty) (State)		
DG	(IF EITHER, NOTIFY MEDICAL EXAMINER)	2   21F. HOW DID INJURY OCCUR?			
Đ	OF TNJURY While Not while	ZIF. NOW DID MODEL OCCORT			
E)	M. at work L at work				
86 86 86	22. I hereby certify that I attended the deceased from SEPT 18, 1955, to OCT 22, 1955, that I last saw the deceased				
ಪ	alive on (FFT 2/, 1953, and that death occurred at	4 A. M. from the causes and on the date	stated above.		
دب	SIGNATURE	ADDRESS DAT	FE SIGNED		
correct	maddless C. Juriliste M	D. 17 W. PENNIA. AUE OC.	T24, 1955		
CO	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETI	ERY OR CREMATORY   LOCATION (City, town, or	county) (State)		
	Burial Oct. 23 1955 Loudon Par	rk Baltimore. Md.			
	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS		
	REGISTRAM / / / / / / / / / / / / / / / / / / /		ch+ Penno Ave		
	10/02/22 /1. No. LARGINET	William & dukner & Sone hor	יאלו מילעדול איני		
	, ,	*/			

۴.

is especially (important. Physicians: please write the causes of death clearly and legibly

The

item of information carefully.

Supply every

INK.

UNFADING

WITH

PLAINLY,

WRITE

OR

PLEASE

age TYPE

correct

200

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9570 CE	ERTIFICATE	OF DEAT	Reg. Dist	. No.
1. PLACE OF DEATH:	1	2. USUAL RESIDE	NCE (HOME) OF DECEASE	D:
COUNTY Baltimore	MARYLAND	STATE Mary	and COUNTY	
CITY (If outside corporate limits, write RURA			corporate limits, write RURAL	and give nearest town
TOWN Fort Howard	2 days	OR	imore	53
HOSPITAL OR INSTITUTION OR STREET ADDRESSVeterans Adminis	tration Hospit	al ADDRESS 190	(If rural give location) 2 Tolson Avenue	1
DECEMENT		Last) ENKER	4. DATE (Month) OF October	9, (Year) 19 55
5. SEX: RACE. Widowed. to (Specify): Male	DIVORCED	10/02	7. AGE lost birthday IF UNDER 1 Months   I	Days Hours Min.
	nd of Business R industry: Store		State or foreign country): 12.  Maryland	CITIZEN OF WHAT
13. FATHER'S NAME:		14. MOTHER'S MA	IDEN NAME:	
John Wenker		Frederic	cka Stegman	
18. WAS DECEASED EVEN IN U.S. ARMED FORCEST   16.	SOCIAL SECURITY NO.	17. INFORMANT 8	ADDRESS:	
(Yes, no, or unk.) If Yes, give war or dates of service, Korean	705-10-4154	Clin.Rec	., Vet. Adm. Hosp., Ft	. Howard, Md
TO.	MEDICAL CERTIFICATI	ON		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEA	DING TO DEATH			ONSET AND DEATH
IMMEDIATE CAUSE	CARCINON	A OF RECTUM		2 YEARS
ANTECEDENT CAUSE (8)	то			
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.				
(C)	)			
II OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	1			
2-55 (affert) Baltimore,	pings of operation rineal resection	with colos on/at Baltimo	ore City Hospital	20. AUTOPSY?
	LACE (Home, farm, facto	21c. WHERE D	ID (City or town) (Coun	ty) (State)
OF INJURY WE	Not while	21F. HOW DID I	NJURY OCCUR?	



, 1955, to Oct 9, 1955, har to come and and and the deceased from Oct. 22. I hereby certify that VIA attended that death occurred at 1:35PM, from the causes and on the date stated above.

(State)

VAH, FORT HOWARD, MARYLAND 10-10-55 CREMATION, DATE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)

REMOVAL 955 Saint Stanislaus Cemetery Baltimore (Dundalk), Md. Burial

DATE REC'D BY LOCAL 6009 Harford Rd. REGISTRAR Baltimore M.



MARGIN RESERVED FOR BINDING

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is es medially important. Physicians: plement with muses of death clearly and mejbly.

9571

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimere

# CERTIFICATE OF DEATH

09575

COUNTY TO			2. USUAL RESIDENCE (I	HOME) OF DECKASE	COUNTY DE 1 1 MORE
RST	timore	MARYLAND	STATE laryland	l	
r OR give nearest	town) A Long	AL and LENGTH OF STAY (in this place)	OR TOWN Baltin		L and give nearest town)
HOSPITAL OR	<del>( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )</del>	T C V I B	STREET	(If rural, give lo	
90 INSTITUTION OF	RRidgeway na	nor Nursing Hon	e Address 423 N	", Milton Ave	L. U.
3. NAME OF	(First)	(Middle)	(Last)		onth) (Day) (Year)
(Type or Print)	ASIA	MINA WEF	RIER	OF DEATH	ctober 23. 155
6. SEX	. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	S. DATE OF BIRTH	9. AGE last birthday	If under I year   If under 24 hrs
female	white	(Specify) ₩1QOVIQ	Oct.15.1865	90 yra.	Months Days Hours Min.
done during most of w	ATION (Give kind of work rorking life, even if retired)	INDUSTRY t home	Farwell - V	or foreign country)	12. CITTEEN OF WHAT COUNTRY?
13. FATHER'S NAM	2	a o nome	14. MOTHER'S MAIDEN		LUSA
4-	~ ~		O MOINERS MAIDEN	Marsto	n
	C. Ingram	O to the state of the state of the	(		I I
	ver In U.S. Armed Forces   (If yes, give war or dates		IT George Vel	rner, 423	N.Milton Ave.
no	iservice)	l none	har acore aca	- 11-7 + Lma	A DIL UZ
		18. MEDICAL CE	RTIFICATION	10 to 02 mo	7
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATE
4 4 "	. 2	1	+ 11	and the	2 /.
Immediat	e cause (a)	Cong	estive. Heart	of an Ushe	. the shifted
Antoendor	nt cause(s)		1 -1	1	2 - 1 1
Diseases or	conditions, if any, (b)	Corners are	chesion with a	n so Carolin	1- faction 10 for the
giving rise to	o the above cause inderlying cause last	500	1 1	1	
Britting rise o	anderlying cause rast	Mane. 1 :	1 2. 1.		
IL OTHER SIGNIFI	CANT CONDITIONS	- January Carrier	125/1/22-4	ALM TLEY	
Conditions contribu	sting to the death but not				
	se or condition causing deal	FINDINGS OF OPERATION			20, AUTOPSY?
IJE. DAIR OF OFE	IVIION 190: WINSOM	THE DIVES OF OUR BLANTION			20. AUTUPSIT
21. ACCIDENT	(S26-) DIA	GE /11 to to	· · · · · · · · · · · · · · · · · · ·	HAVE BUTTERS	Yes No 🗆
SUICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	rown) (c	COUNTY) (STATE)
HOMICIDE TIME (Month)		INJURY OCCURRED	HOW DID INJURY OC	CTID+	
OF		While at Not While	NOW DAD ANGULA GO	00161	
INJURY		Work At work			
22. I hereby cort	ify that I attended the	e deceased from Section	19, 19 5 to Och	23, 1955, that	I last saw the deceased
alina an 1 4	1-698 1055 00	d that death occurred at	TIA to some the	3 AL	3-4 1 -1
SIGNATURE	electricity of the second of t	(Degree or title)	ADDRESS	causes and on the	DATE SIGNED
J. St.	a Unhi	GAR COU	The British Chile	13 7. 1	m/ 11/2 /
23. BURIAL, CREM	ATION   DATE THERE	OF NAME OF CEMETE		OCATION (City, town	a, or county) (State)
REMOVAL (Spec	Oct. 26.	1955 Farkwood (	Jemetery Ba	altimore N	đ.
DATE REC'D BY			24. FUNERAL DIRECTO		ADDRESS
REG. 10/25	135 61. 1.2	Hecharch"	FLIRY SANDER	& SONS, IN	C.
- / / - /			DE LES MIORES PRO		1-/4-/



MARGIN RESERVED FOR BINING

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE	, 18	09576
O PE NICO		TT A DISTITE				1-1

	99/2 01111110111	d Of BIMAIN Reg. Dist.	
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
d legin	COUNTY BALTIMORE MARYLAND  CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	STATE MD COUNTY BAL CITY(If outside corporate limits, write RURAL and	
21.11	TOWN ESSEX	TOWN ESSEX	
early	HOSPITAL OR RT. 1 BOX # 380  STREET ADDRESS THOMPSON BLUD.	ADDRESS RT. 1 BOX # 3	80 '
ਹ ਬ	3 NAME OF (First) (Middle)	(Last) THOMAS (Month) 13(Da	(Year)
ear	CType or Print) FRANK JOSEPH WIECZYN		10, 1955.
0 10	RACE: WIDOWED DIVORCED.	9. AGE last birthday IF UNDER 1 YES	
00 00 00	MALE WHITE (Specify) ARRIED DEC.	11. BIRTHPLACE (State or foreign country): [12, C.	
cau	work done during most of working life.  even if retired B. TECH. GENERAL ELECTRIC		OUNTRY?
one i	13 FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
lte t	FELIX WIECZYNSKI  15. WAS DECEASED EVER IN U.S. ARMED FORCEST   15. SOCIAL SECURITY ND.	MOLLIE CIESLA	IK.
	1	MARY CIWIECZYNSKI	SAME
ease	18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
Ĭ.	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	10 . (	ONSET AND DEATH
ns:	IMMEDIATE CAUSE (A) Malight	- Naphritis	)
123	ANTEGEDENT CAUSE (8) DUE TO	· Nanhait	6 43001
nys	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	- PARITIS	4 weeks
با د	(C) NO CAL	tous belons	4 weeks
tan	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DOL	DISEASE OR CONDITION CAUSING DEATH.	N.	
E	July 1955 Malismen of	Spine	20. AUTOPSY?
ecially	21 ACCIDENT WAS UNDERLYING   218. PLACE (Home, farm, fact OR ONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., (1f Either, NOTIFY MEDICAL EXAMINER)	tory. 21C. WHERE DID (City or town) (County)	) (State)
is esp	OF INJURY M. ZIE :NJURY OCCURRED While Not while at work at work		
90	22. I hereby certify that I attended the deceased from		
ويا		10:30 M, from the causes and on the date st	tated above.
rec	SIGNATURE	1.01010 NORTH POINT KY 10	1/12/55
3-4	MILITADO M. THE COLON		
corr	23. BURHAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY   LOCATION (City, town, or c	
cor	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY) BURIAL 10-14-55 SALRED HA	TRT OF 11 Y GER AAN HILL K	p. #40.
cor	23. BURHAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY   LOCATION (City, town, or c	P. MD.



STATE

OR

STREET

**ADDRESS** 

Reg. Dist. No.

Balto.

#6

2. USUAL RESIDENCE (HOME) OF DECEASED:

Baltimore

COUNTY

6523 Langdale Rd.

CITYIII outside corporate limits, write RURAL and give pearest town)

(If rural give location)

Md.

CERTIFICATE OF DEATH

MARYLAND

LENGTH OF STAY

MARGIN RESERVED FOR BINDING

A15-V.S.

The

1. PLACE OF DEATH.

HOSPITAL OR

INSTITUTION OR

STREET ADDRESS

OR

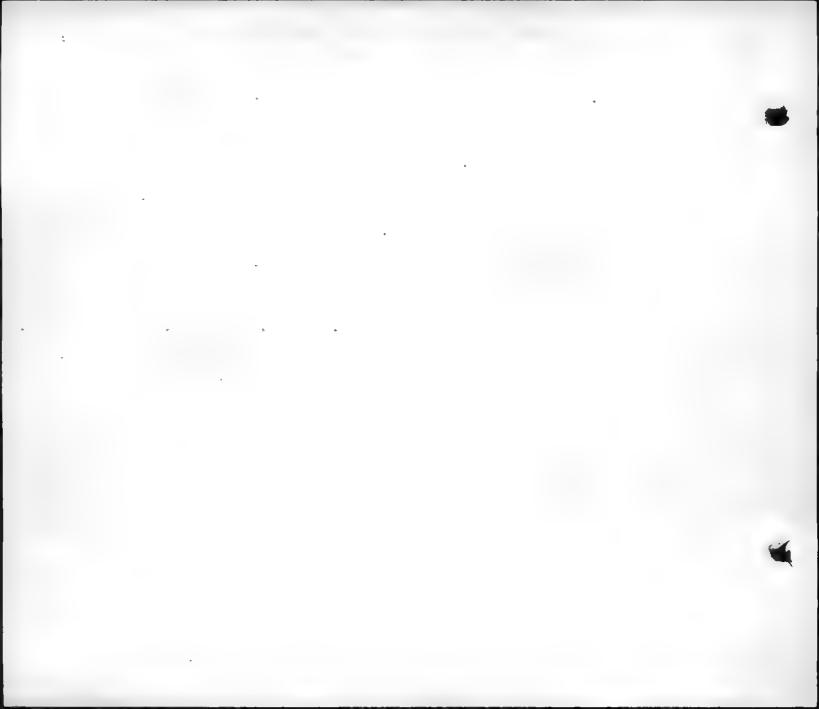
COUNTY Balto.

(If outside corporate limits, write RURAL

and give nearest town)
Sorensen Nursing Home

7912 Ruxway Rd.

-							
ind in cl		Middle) (	Lasti	4. DATE (Month)	(Day) (Year)		
em of i	(Type or Print) MARY VIE	RGINIA WII	LIAMS	DEATH. Oct.	3, 19 55		
item of de	5. SEX: 6. COLOR OR 7. SINGLE. MATERIAL MILES OF THE SEX STATE OF THE SEX		OF BIRTH: 9	, AGE last birthday IF UNDER			
	female white (Specify): Wild	dowed Feb. 2	1, 1879	76 yrs. Months	Days Hours Min.		
every	10A. USUAL OCCUPATION (Give kind of North work done during most of working life, OF	ND OF BUSINESS	II. BIRTHPLACE (S	State or foreign country): 1	2. CITIZEN OF WHAT COUNTRY?		
Call	even if retired): rtd Housewife at	Md	•	0001111117			
pply the	13. FATHER'S NAME.		14. MOTHER'S MA	IDEN NAME:			
Supply every te the causes	Crispens		Unl	known			
		SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS:			
INK.	(Yes, no, or unk.) (If Yes, give war or dates of service)		Mr. Elmer H.	Packie, Jr652	3 Langdale Rd.		
	18. 7	MEDICAL CERTIFICATI	ON		INTERVAL BETWEEN		
ž d	I DISEASES OR CONDITIONS DIRECTLY LEAD			with delation	ONSET AND DEATH		
UNFADING sicians: ples	MMEDIATE CAUSE (A)	mys	CATHLATA	chrome	2 days.		
UNFA	ANTECEDENT CAUSE (S)	то		a france	10 4000		
Dig.	DISEASES OR CONDITIONS, IF ANY, (B)	here	oceanin	Committee	10 300		
TH	GIVING RISE TO THE ABOVE CAUSE DUE	то		rioschrosis			
$\vdash$	(C)	Zim	ral cogle	1101 cceso512.	10-400		
lane.	II OTHER SIGNIFICANT CONDITIONS CONTR	BUTING					
N K	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
Z å		DINGS OF OPERATION			20. AUTOPSY1		
-3					YES NO		
ant.	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?						
R WRITE is especia	OF TINJURY Whi	INJURY OCCURRED ile Not while work at work	21F. HOW DID IN	JURY OCCUR?			
O 0	22. I hereby certify that I attended the deceased from Syl, 1955, to Qet. 3 , 1955, that I last saw the deceased						
SE TYPE	alive on Oct. 2., 1955, and that death occurred at J. GaPM, from the causes and on the date stated above.						
	M.D.						
≪.	REMOVAL (SPECIFY)		RY OR CREMATORY	LOCATION (City, town,	or county) (State)		
PLE	Burial 10/6/55	Loudon Par	K COM.	Balto, Md.	4600000		
4	DATE REC'D BY LOCAL REGISTRAR'S SIG	NATURE	24 FUNERAL DI	THE TOR	AODRESS		



INSTRUCTIONS

hours after death.

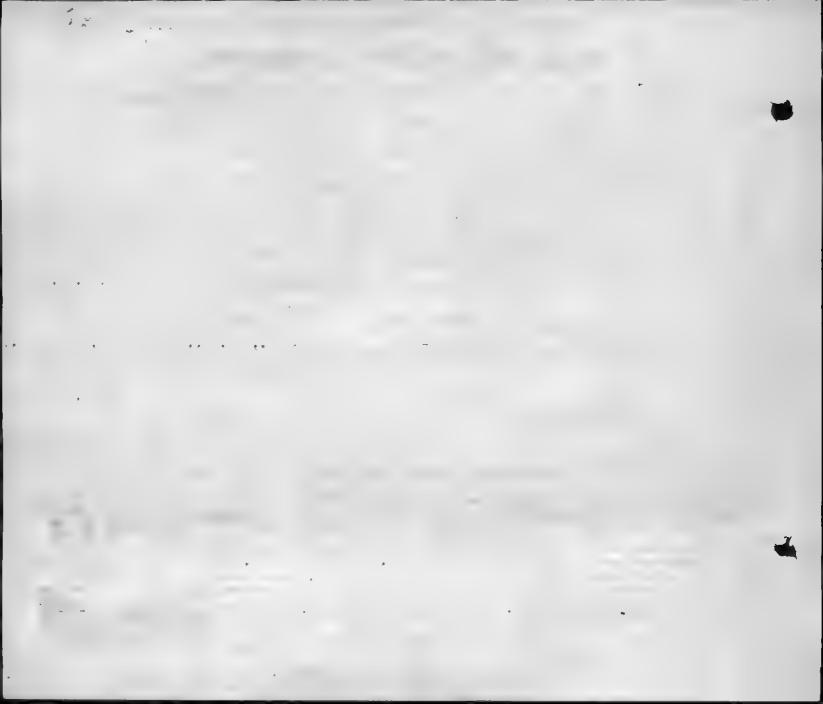
## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

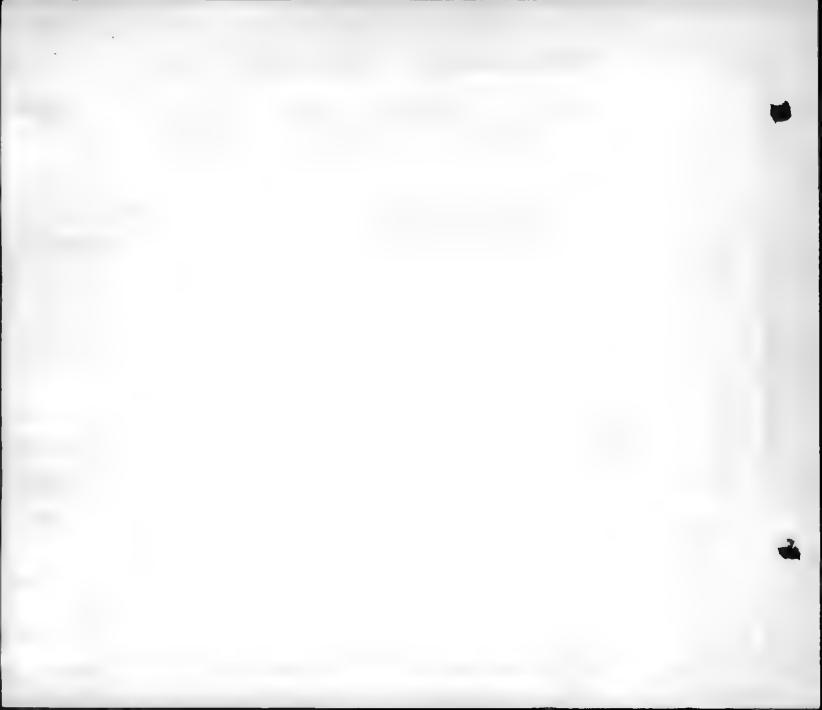
09578

## CERTIFICATE OF DEATH 9574

Reg. Dist. No. 44

1. PLACE OF DEATH			2. USUAL RESIDE	NCE (HOME) OF DECE	ASED
COUNTY Baltimore	MARYL	AND	STATE Maryl.	and county	
CITY (Il outside corporate limits, write RURAL OR end give nearest town)	LENGTH O	F STAY		orata limits, write RURAL and gl	ve neerest town)
x Town Fort Howard	30 D		TOWN Baltin	nore	3 V D , 11
HOSPITAL OR INSTITUTION OR		- 21	STREET	(If rurel give loc	
STREET ADDRESSVeterans Admin	istration Ho	spital	ADDRESS 91.2 SI	nuter: Street	J
3. NAME OF (First)	(Middla)		(f.est)	4. DATE (Month)	(Day) (Yaar)
(Type or Print) GEORGE	G.	WIT	SON	DEATH Octo	ber 26 1955
S. SEX 6. COLOR OR 1.7. SING	LE, MARRIED.	8. DATE O			UNDER 1 YEAR JIF UNDER 24 HRS.
	OWED DIVORCED.	6/13/	- I	41 yes.	nths Doys Hours Min.
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if	106, KIND OF BUSINES OR INDUSTRY	is	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT
relirad) Huckster			Baltimore. M	arvland	U. S. A.
13. FATHER'S NAME			Baltimore, M	NAME	
George L. Wilson			Virginia MN:	Madison.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES		URITY NO.	17 INFORMANT &	ADDRESS	
Yes war or detas of sarvi	<sup>ca)</sup> 212-12-7	7580	Clin.Rec.	Vet.Adm.Hospit	al, Ft. Howard, Md
I DISEASES OR CONDITIONS DIRECTLY LEADING T	O DEATH	DICAL CER	TIFICATION		INTERVAL BETWEEN ONSET AND DEATH
A MANUELLATE CAUSE (A)	CACHEXIA				MONTHS
ANTECEDENT CAUSE(S) DUE TO	DIETARY IN	SUFF IC	EENCY (?)		SEV. YEARS
DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO					
(C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
	FINDINGS OF OPERATION	Ň	-		20. AUTOPSY?
					YES 🔛 NO 📋
	ACE (Home, farm, factor RY straws, office bidg, atc		te. WHERE DID INJURY OCCU	R? (City or town)	(County) (Stata)
21d TIME OF INJURY (Month) (Day) (Year) (He	While - No	URRED of while work	211. HOW DID INJURY OCCU	R 7	
VA				06 77	
22. I hereby certify that kattended t					
STREAM OF THE STREET	A.X. Land that death	occurred at		causes and on the date RESS (Street, city, town, sta	
Wall Milar W.	Ph .	11 m			
23. BURIAL, CREMATION, DATE THEY OF	I NAME OF	M.D. CEMETERY OR	CREMATORY H	OWARD MARYLAN LOCATION (City, town, or	(U 10-27-55
REMOVAL (SPECIFY)	,				12.004
Burial 10/31	ONATURE O	ore Nat	ional 25. FUNERAL DIRECTOR'S	Baltimore, M	ADDRESS
20/1255 1/2	14	L. Ro.			
DATE 0 0. 24-00   1000	earl 1/1	cury	Charles R. L.	Mortuary, 80	2-04 Madison Ave
	,		Baltimore 1,	Maryland	





MARIDAM	DSIAIE	DEFARIMEN	I OF I	IEALIII—	DALII	noke,	19	
A POTESTAL	TENNEY A NAME	TRYTATA	CYTATOR	TOTAL COLL	FINEN	$\circ$	70.7	į

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No.

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Baltimore STATE Maryland county Anna Arundel COUNTY MARYLAND CITY (If outside corporate limits write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place) TOWN Catonsville 28 vr 8 days Annapolis HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS STREET ADDRESS Spring Grove State Hospital RFD (Last) 4. DATE (Month) (Day) (Year) DECEASED: Brice John WORTHINGTON DEATH October 19 55 (Type or Print) 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married 8. DATE OF BIRTH: 5. SEX: 6. COLOR OR 8. AGE last birthday: | IF UNDER 1 YEAR | IF UNDER 24 HRS. Monthel Hours Male 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work done during most of work life, INDUSTRY: COUNTRY? even if retired): Carpenter & Farmer Maryland 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:

B. John Worthington Mathilda Pue

15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) [ (If Yes, give war or dates of Records: Spring Grove State Hospital

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (a) ..... Terminal bronchopneumonia Immediate cause

18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) Diseases or conditions, if any,

Senility

(b) ..... giving rise to the above cause DUE TO stating underlying cause last

Fracture left femur

3 weeks

11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION:

21c. (City or town) (County) (State) Catonsville Baltimore Md.

21a. EXTERNAL CAUSE WAS I'RIMARY OF CONTRIBUTING CAUSE OF DEATH. OF street, office bldg, etc., INJURY HOSPWARD 21e, INJURY OCCURRED 21d. TIME (Month) (Day) (Year) (Hour) While at Not while work [

21f. HOW DID INJURY OCCUR? Fell from bed

at work

21b. PLACE (Home, farm, factory,

22. I hereby certify that I took charge of the remains described above, held an Autopsy [7], Inspection [7], Inquiry [8], and find that death resulted from: Natural causes [ , Accident ], Suicide [ , Homicide [ , Undetermined cause [ , CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER SIGNATURE DATE SIGNED

23. BURIAL, CREMATION.

OF CEMETERY OR CREMATORY

ASSISTANT MEDICAL EXAM. LOCATION (City, town, or county)

(State)

20. AUTOPSY? Yes 📆 No 🗔

DATE REC'D BY LOCAL

24. FUNERAL DIRECTOR

SE

RITI is e

We

correct

The

carefully.

of information f death clearly

Supply every item write the causes o

RESERVED FOR

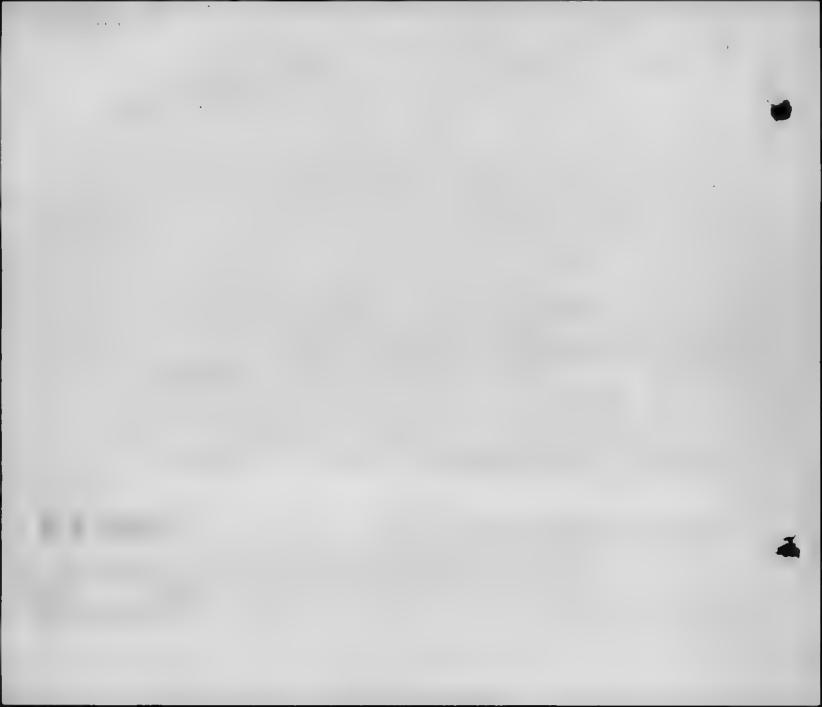


correct

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every Item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINHING

VS. A15A - 5 - 53

MEDICAL EXAMINER'S CER	THICATE OF DEATH No. 3
1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY BALTO. MARYLAND	STATE MD. COUNTY 37 LT.
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN 6900 CARL AVE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6900 CARL AVE	STREET (If rural, give location)  ADDRESS  WOODLAWN, MD.
3. NAME OF (First) (Middle) DECEASED: (Type or Print)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH OCT. 29 19
M RACE: WIDOWED, DIVORCED, Mare	778.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS O work done during most of work life, INDUSTRY: even if retired): POULTRY RAIDER. POULTRY-5.	COUNTRYT
13. FATUER'S NAME:	14. MOTHER'S MAIDEN NAME:
GEORGE J YAEGER	ELIZ. M. SCHWARTZKOPI
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:
18. MEDIC	AL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DRATH
Immediate cause (a) Coving	ay Mundsin
Antecedent cause(s)	
Diseases or conditions, if any, (b)	
stating underlying cause last (c)	
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes \( \text{No} \( Indicates the property of the property
21a. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   OF street, office bldg., etc CAUSE OF DEATH.	••
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. Work ☐ st work ☐	21t. HOW DID INJURY OCCUR?
22. I hereby certify that I took charge of the remains descri	bed above, held an Autopsy [], Inspection [], Inquiry [4], and
find that death resulted from: Natural causes, Acci	dent [], Suicide [], Homicide [], Undetermined cause [].  CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.
23. BURIAL, CREMATION, DOTE THEREOF   NAME OF CEMETER	RY OR CREMATORY   LOCATION (City, town, or county) (State)
REMOVAL (Specify) //-2-55 Called	of Cens. Ballo Hed.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. //- 55	1 24. FUNERAL DIRECTOR ADDRESS, Home Catominica, H



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18)9582

2010	ERCTAL TOTAL	D OF DUA.	reg.	Dist. No.
1. PLACE OF DEATH:		2. USUAL RESID	ENCE (HOME) OF DECE	ASED:
COUNTY Baltimore	MARYLAND	STATE Mary	land COUNTY	
CITY (If outside corporate limits, write RU OR and give nearest town)		CITYII outside	corporate limits, write RUF	RAL and give nearest town)
HOSPITAL OR	TOALSHOST LOS	STREET	(If rural give loca	
14 STREET ADDRESS Pring Grove S	tate Hospital	ADDRESS 2	8 West North Ave	enue
3. NAME OF (First) DECEASED: (Type or Print) Anna	(Middle) <b>Giannone</b>	(Last) Yakel	4. DATE (Month) OF DEATH: Octobe	(Day) (Year) er 3. 1955
5. SEX:  6. COLOR OR  7. SINGLE,	MARRIED,   8. DATE	The state of the s	9. AGE last birthday Ir und	
Female White (Specify):	Widowed 3-10	-1899	56 yrs. Month	he Days Hours Min.
	OR INDUSTRY:		State or foreign country);	COUNTRY?
19. FATHER'S NAME:		Pennsylvan		USA
Jack Morrison			Morrison	
(Yes, no, or unk.) (If Yes, give war or dates	18. SOCIAL SECURITY NO.	17. INFORMANT		
No of service)	Unknown		ing Grove State	
I DISEASES OR CONDITIONS DIRECTLY L	B. MEDICAL CERTIFICA	TION		INTERVAL BETWEEN
110000000000000000000000000000000000000		of Cervix wi	th metastases	
ANTECEDENT CAUSE (5)	UE TO			
COMME DIGE TO THE ADOME CARRE	(B) UE TO			
	(C)			
II OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING DEA	HE			
	FINDINGS OF OPERATIO	ON		20. AUTOPSY?
				YES NO
21a. ACCIDENT WAS UNDERLYING 21b OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PLACE (Home, farm, fa INJURY street, office bldg			County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work at work	21F. HOW DID	INJURY OCCUR?	
22. I hereby certify that I attended the	deceased from 1-	, 19.55 to 10	0-3- , 19 55 that I	last saw the deceased
		t 2:00P M, from th	he causes and on the causes and on the causes and on the causes and on the causes are supported by the causes and on the causes are causes and on the causes and on the causes are caused and on the causes are causes are caused and on the causes are caused and caused are caused and causes are caused and caused are caused ar	iate stated above.
Stella Wach	elon.	M. D.Catonerill	backway 80	
			S & U.S. PRELL W. Letters	10-3-55
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEME	TERY OR CREMATORY	LOCATION (City, ton	Nn, or county) (State)

THE RESERVOIS AND THE PROPERTY OF THE PARTY OF THE PARTY

BUREAU V. S.

The second of th

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9579	CERTIFICATI	E OF DEAT	H Reg. Di	st. No. 3
I. PLACE OF DEATH:		2. USUAL RESIDEN	CE (HOME) OF DECEAS	ED:
Balto.	MAA DWI AND	STATE Md.	COUNTY B	alto.
CITY (If outside corporate limits, write RI OR and give nearest town)	JRAL LENGTH OF STAY (in this place)	CITY(If outside co	orporate limits, write RURAL	and give nearest tow
X TOWN Parkville		PEII	kville	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2941 Manns	Ave.	STREET ADDRESS	941 Manns Ave.	n) /
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
OECEASED: (Type or Print) VIOLA	AGNES ZIMME	RMAN	DEATH: Oct.	4, 19 55
5. SEX:   6. COLOR OR   7. SINGLE.	D. DIVORGED.	of BIRTH: 19.	AGE last birthday Months Months	
work done during most of working life,	or industry:  or Registration	Maryland	tate or foreign country):   12	COUNTRY?
13. FATHER'S NAME:	~ 100 ETP OF GOT OFF	14. MOTHER'S MAI	DEN NAME:	
John William Hangar Par	egaon.	Emma Viscoin	in Frank	
John William Harvey Bur	16. SOCIAL SECURITY NO.	Emma Virgin		
(Yes, no, or unk.) (If Yes, give war or dates of service)	Journa Backeri I 1901	1	immerman - 2941 1	fanns Ave.
	B. MEDICAL CERTIFICAT	ION		INTERVAL BETWEE
1 DISEASES OR CONDITIONS DIRECTLY I	(a	remone	elous.	ONSET AND DEAT
IMMEDÍATE CAUSE  ANTECEDENT CAUSE (8)	UE TO	Ning A	cani Gall Al	100
DISEASES OR CONDITIONS, IF ANY,	(B) V	suvery or	cgin vill pe	DECEDOY 1
STATING UNDERLYING CAUSE LAST.	UE TO		0	
II OTHER SIGNIFICANT CONDITIONS COI TO THE DEATH BUT NOT RELATED TO T	TRIBUTING HE			
DISEASE OR CONDITION CAUSING DE		ν		20. AUTOPSY?
None				YES NO
21A. ACCIDENT WAS UNDERLYING A 21B DR CONTRIBUTING CAUSE OF DEATH OF CIT EITHER, NOTIFY MEDICAL EXAMINER	-	etc. INJURY OCCUR		inty) (State)
OF INJURY M.	While Not while at work at work	10	JURY OCCUR?	
22. I hereby certify that I attended the alive on the second rune and second rune.	that death occurred at	ADDRESS	causes and on the date	
23. BURIAL CREMATION, DATE THEREO REMOVAL (SPECIFY)  Burial  10/7/55		ERY OR CREMATORY	LOCATION (City, town.	or county) (Stat
DATE REC'D BY LOCAL   REGISTRAR'S		EN FUNERAL DI	RECTOR	ADDRESS /

